

This activity is an extension of our C.A.R.E.S. program. All students will enjoy a snack following dismissal. At 3:20 PM, students will work with Saint Luke Catholic School teachers to complete homework and receive extra support in separate, designated classrooms. Students will be grouped in the following order: grade 1 and 2, grade 3, 4 and 5, and grade 6, 7, and 8. The Homework Club will conclude at 4:20. Students can be escorted back to C.A.R.E.S or dismissed to go home.

Monday to Thursday - PM (dismissal time until 4:20)

Homework Club will not be provided on noon dismissal or emergency dismissal days

\$9 per child each day

Homework Club is not available on Fridays

In order to have your child participate in the Homework Club (even those students attending C.A.R.E.S. may join and return to C.A.R.E), you must complete this form and return it to the school. You will receive an email confirming registration and teacher/classroom assignment.

If your plans change and you need to cancel your child's attendance at Homework Club, you must ① call the office, ② send an email to notify your child's teacher and ③ send an email the Homework Club director (<a href="mailto:theinz@saintlukeschool.org">theinz@saintlukeschool.org</a>) for the safety of your child.

STUDENT NAMI	E (FIRST AND LAST)		CURRENT GRADE
STUDENT NAME (FIRST AND LAST)			CURRENT GRADE
ADDRESS:			
CITY:		STATE:	ZIP:
PARENT/GUARI	DIAN(S) NAME:		
CELL:		HOME PHONE: _	
EMAIL:			
*My child (ren)	will return to C.A.R.E.S		
*Will be picked	up outside the upper scho	ool or lower school on Fairhi	ll Avenue at 4:20 PM
*Has my permis	ssion to walk home	·	
	Club teacher will walk the		al lines. Parent/Guardian signature
My child will att	end Homework Club on:		
Monday	Tuesday	Wednesday	Thursday

DEODIE ALITHODIZE	D TO PICK UP:
FLOFIL AOTHONIZE	
PARENT/GUARDIAN DATE:	I SIGNATURE:
n the event that I canno	<b>CONTACT</b> (include as many as you like/use back of this form, if needed) to be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence of from the CARES program, if necessary. (Please have your license with you.)
FIRST NAME/ LAST N	JAME:
CELL:	ALTERNATE PHONE:
<u>INSURANCE</u>	
DOES YOUR FAMILY	CARRY MEDICAL INSURANCE? YES NO
F YES, WHAT IS YOU	JR INSURANCE CARRIER?
POLICY NUMBER: _	
MEDICATION INFOR	RMATION
WILL THE C.A.R.E.S. PROGRAM?	MODERATORS NEED TO ADMINISTER ANY MEDICATION DURING THE PM SCHOOL YES NO
F SO, LIST	
This information wil	I help us provide the best care for your child during C.A.R.E.S. and will help in the event o
ASTHMA - DOES	YOUR CHILD CARRY AN INHALER? YES NO
☐ OTHER: (Epi Pen?	<sup>2</sup> )
ALLERGY INFORMAT	TION: PLEASE LIST ANY KNOWN ALLERGIES
☐ FOOD ALLERGIES	- PLEASE LIST:
** In case of serioi	is medical concerns, if our emergency contacts or I cannot be reached, I wish my cl
☐ BEE STINGS ☐ TF hospital.	REES, GRASS, POLLEN ANIMALS to be taken to the Emergency Room of the neares.
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\*\*\*WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (Please note: authorized persons must be an adult or an