

Welcome to CARES

2023 - 2024

Dear Parents,

I would like to welcome all of our new CARES families and thank all of the families that are returning. I am looking forward to working with you and your children.

CARES will begin Monday, September 11th. The hours of operation are 7:00 AM-7:45 AM and 2:45 PM-6:00 PM. Please return your registration form, \$35.00 registration fee, and all emergency contact forms prior to your child attending CARES. **New emergency contact/early closing forms for 2023-2024 must be on file for every child attending CARES.**

All necessary forms are available on the CARES website.

The daily CARES rate for children attending 7:00 AM-7:35 AM is \$5.00 for 1 child, \$7.00 for 2 children, and \$10.00 for 3 or more children.

The CARES rates for children attending 2:45 PM-6:00 PM are listed below:

	1 child	2 children	3 or more children
Pick up before 4:00pm	\$10.00	\$17.00	\$20.00
Daily	\$18.00	\$25.00	\$28.00

CARES bills will be emailed monthly.

Your school tuition as well as your CARES tuition must be current in order to participate in the program. Please forward all CARES payments and correspondence to **Mrs. Jean Callahan**. You can also contact me at **jcallahan@stdots.com**.

Please read the Handbook and return the signed acknowledgement form.

If you have any questions or concerns, you may contact me using the form on my webpage.

Thank you for your cooperation.

Sincerely,

Mrs. Jean Callahan

CARES
Registration Form
2023 – 2024

I would like to register my child/children in the CARES program for the 2023-2024 school year and am enclosing the family registration fee of \$35.00.

Grade

Address 1: _____

Street City State Zip

Address 2:
(if applicable) Street City State Zip

Parent/Guardian 1's Name: _____

Parent/Guardian 1's Phone #: Home _____ Work _____ Cell _____

Parent/Guardian 2's Name: _____

Parent/Guardian 2's Phone #: Home _____ Work _____ Cell _____

My child/children will attend (circle one please):

Full-time (AM and/or PM)

Part-time (AM and/or PM)	M	T	W	Th	F
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As-needed basis (AM and/or PM)

Dismissal Time: 2:45-4:00 PM _____
4:00-6:00 PM _____

Monthly bills will be emailed. Please provide your **primary** email address: _____

If your child has a **specific food allergy**, please complete the requested information.

Child's name _____ Specific food allergy _____

Date _____

Date _____

CARES
2023 - 2024

Emergency Address Form and Signature Card

Child's Last Name

First Name

Birthdate

Home address

Phone #

Illness, Accident or Leaving Center Premises: In the event of apparently serious illness or accident, when I can not be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and they have signed their names on this form. They may also release my child from the center.

Name/Signature

Phone number

Address

Name/Signature

Phone number

Address

DOCTOR'S NAME AND PHONE NUMBER – If one of the above cannot be reached, I wish my child to be taken to the hospital emergency room.

YES _____

NO _____

I WISH ANY ONE OF THE FOLLOWING DOCTORS TO BE NOTIFIED:

Name _____ **Phone #** _____

Name _____ **Phone #** _____

.....

The following person(s) MAY NOT call for my child:

CARES

2023 - 2024

SNOW/EMERGENCY CLOSING INFORMATION

If school is closed, there will be no CARES.

If school is dismissed early, there will be no CARES.

If there is inclement weather or any other emergency, CARES may or may not be opened.

Please list the phone number/numbers where you can be reached in the event that CARES is cancelled or closes early.

Please complete this form and return it prior to your child attending CARES.

Thank you,

Mrs. Jean Callahan

Child's name _____

Parent _____ Phone number _____

Parent _____ Phone number _____

Additional contact _____ Phone number _____

Additional contact _____ Phone number _____

Additional contact _____ Phone number _____

CARES Program

Handbook Response Form 2023 - 2024

Dear CARES Families,

After reading the Handbook, please sign and return this form to CARES c/o Mrs. Callahan (office).

Child's Name/Grade

I have read the CARES Handbook and have discussed pertinent sections with my child (children).

Date

Parent/Caregiver Signature