

Welcome to CARES 2025 – 2026

Dear Parents/Guardians,

Welcome to all our new CARES families, and a big thank you to those returning! I'm really looking forward to working with you and your children this year.

CARES officially kicks off on **Monday, September 8th**. Our hours of operation will be **7:00 AM to 7:45 AM** and **2:45 PM to 6:00 PM**.

Important Information for Enrollment

To ensure your child can attend, please return the **registration form and all emergency contact forms** *before* their first day. A **\$35 registration fee** will be charged to your FACTS financial account after the **September 5, 2025, registration deadline**. Please note that **new emergency contact/early closing forms** for the 2025-2026 school year *must be on file* for every child attending CARES. All necessary forms are conveniently available on the CARES website.

Billing and Payments

The daily CARES rate for children attending 7:00 AM-7:35 AM is \$6.00 for 1 child, \$8.00 for 2 children, and \$12.00 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	\$20.00	\$27.00	\$30.00

CARES bills will be sent directly through our **FACTS System** and will appear as "Incidental Billing" on your financial account. You'll be able to pay your CARES tuition electronically through FACTS.

Please remember that **both your school tuition and your CARES tuition must be current** for your child to participate in the program.

Contact and Handbook Information

Please forward all CARES correspondence to **Mrs. Jean Callahan**. You can also reach me directly at **jcallahan@stdots.com**.

Finally, be sure to read the **CARES Handbook** and return the **signed acknowledgment form**. If you have any questions or concerns, feel free to contact me using the form on the CARES webpage.

Thank you for your cooperation!

Sincerely,

Mrs. Jean Callahan

CARES
Registration Form
2025 – 2026

I would like to register my child/children in the CARES program for the 2025-2026 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
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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 sent through the FACTS Financial System to the email on file in the system.

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

Child's name _____ Specific food allergy _____

Date _____

Date _____

CARES
2025 - 2026

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

2025 - 2026

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 2025 - 2026

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