



**St. Bernadette of Lourdes School**  
1015 Turner Avenue • Drexel Hill, PA 19026  
610.789.7676 • www.st-bernadette.org

**CARES Program**  
**(Children Are Receiving Extended Services)**

CARES is available to all students Preschool through 8<sup>th</sup> grade and is open each day that school is in session.

TIME

Early Morning CARES: Begins at 7 a.m.

Afternoon CARES: 3-6 p.m.

CARES is open on school half days unless otherwise notified.

DESCRIPTION

The CARES program offers a balance between structured adult-initiated activities and child-initiated activities, indoor and outdoor play, and quiet time for homework.

The CARES moderators work together to provide a well-supervised, structured morning or afternoon of play and activities. After school CARES offers a scheduled homework period with assistance from the moderators if needed. A snack is provided each day at 3:30 p.m. after free playtime.

There is a **\$30 annual registration fee per child**. The cost of the program is \$8.75 an hour per child.

A monthly calendar is sent out one week prior to the beginning of each month so that a reservation for each child can be made. The completed calendar and payment are due on the first of each month and is submitted to the school office, Attn: CARES.

In case of inclement weather, CARES is not open when the school is closed for the day. However, if the school is open initially and then closes for early dismissal, CARES will remain open until all parents have an opportunity to pick up their children.

Parents are expected to respect CARES closure time. Prompt pickup time of the children is appreciated.

Enrollment in CARES is accepted throughout the school year.

If you have any questions regarding the CARES program, please contact Kathleen Mascitelli: 610-585-6605.

Please fill out Registration, Emergency Pick-Up, and Information forms and return with your registration fee. Keep this page for your records.



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**CARES Program  
Registration Form**

I wish to register my child/children for the CARES program for the \_\_\_\_\_ school year.

**Child's Name**

**Grade**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address 1: \_\_\_\_\_  
Street City State Zip

Address 2: \_\_\_\_\_  
(if applicable) Street City State Zip

Primary Email \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
First Last

Mother's Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's Name: \_\_\_\_\_  
First Last

Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_



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**CARES Program**  
**EMERGENCY PICK-UP INFORMATION**

Family Name: \_\_\_\_\_ Child/ren's Name/s: \_\_\_\_\_

If I am unable to pick up my child, I give my permission for the following person(s) to pick up my child/children.  
*Please list at least one emergency contact.*

**Name/s**

**Phone**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable:

Under no circumstances is the following person to pick up my child/children:

\_\_\_\_\_

Blank Permission

I give permission for my child to attend the following activities on a regular basis:

<b>Child's Name</b>	<b>Group/Event</b>	<b>Days and Times</b>	<b>Return to CARES Y/N</b>



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### **CARES Information Form**

**Child's Name**

**Grade**

_____	_____
_____	_____
_____	_____
_____	_____

#### Early Morning CARES

Offered for children in PreK3 through Grade 8. The cost is \$8.75 an hour **per child**.

Please choose one of the following AM drop off times:

\_\_\_\_\_ 7:00 a.m.    \_\_\_\_\_ 7:30 a.m.    \_\_\_\_\_ 8:00 a.m.    \_\_\_\_\_ 8:30 a.m.

#### After School CARES

Offered for children in PreK3 through Grade 8. The cost is **\$8.75** an hour **per child**.

Time: 3 p.m. through 6 p.m.

#### Half Day Services

CARES is also offered on school half days at \$48 per day 12-6 p.m.



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