



AN EDUCATIONAL JOURNEY
GIVING WITNESS TO CHRIST

Welcome to CARES 2020 - 2021

Dear Parents/Guardians,

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 Tuesday, September 8th. The hours of operation are 7:00 AM-7:35 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 2020-2021 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
Weekly (5 days)	\$80.00	\$100.00	\$120.00
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 the CARES webpage.

Thank you for your cooperation.

Sincerely,

Mrs. Jean Callahan

CARES
Registration Form
2020 – 2021

I would like to register my child/children in the CARES program for the 2020-2021 school year and am enclosing the family registration fee of \$35.00.

Child's Name _____ **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

As-needed basis (AM and/or 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 _____

Parent/Guardian signature

Date

CARES
2020 - 2021

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

2020 - 2021

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 2020 - 2021

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