



CARES



Dear Parents,

The St. John Bosco CARES Program is accepting registrations for the current school year. The before and after school programs are available to all students. These programs serve our families by providing well-supervised before and after school care for your child in a Christ-centered environment.

CARES is self-supporting. We offer reasonable fees, with discounts for families with more than one child. Our staff is loving and experienced. We will strive to help meet the needs of your family.

If you are interested in enrolling your child, please fill out the registration form and an emergency form for each child. Please return all forms and a family registration fee of \$50.00 to school before your child/children begin attending CARES. We accept registrations any time during the school year.

Before school CARES program begins at 7:00 AM each school day.

After school CARES ends at 6:00 PM.

Each month you will receive a CARES calendar. Please fill in your child's anticipated CARES needs. A copy of this calendar will be given to your child's teacher allowing her to put your child in the correct dismissal line. Any changes in this calendar must be communicated in writing or, if it is a last minute change, a phone call to school.

In the event of inclement weather:

- if school is closed, CARES is closed
- if school is delayed in the morning, CARES will also delay opening
- if there is an early dismissal, CARES will remain open until 3:00 PM



The following are some important points for your information:



- Fill out the weekly attendance sheet and return with payment on Fridays.
- Call school (215-675-1484) if you are going to be late picking up your child.
- CARES closes at 6:00 - there will be a \$10 late fee.
- There will be a \$30 fee for a returned check.
- Only a person authorized by you on your forms may pick up your child. Notify us in writing of any changes.
- Notify us of any changes in phone numbers.
- Our school closing number is **787** for KYW.



ST. JOHN BOSCO SCHOOL

C.A.R.E.S. Registration

Last Name _____

First Name _____ Grade _____ Date of Birth _____

First Name _____ Grade _____ Date of Birth _____

First Name _____ Grade _____ Date of Birth _____

Home Address _____

Phone _____

Parent Information

Mother's Last Name _____ First _____

Address (if different) _____

Home Phone (if different) _____ Cell Phone _____

Work Place _____ Work Phone /Extension _____

Father's Last Name _____ First _____

Address (if different) _____

Home Phone (if different) _____ Cell Phone _____

Work Place _____ Work Phone/Extension _____

St. John Bosco School

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**Please be sure to give us emergency phone numbers where a person - not a machine or voice mail – can be reached. We will always try to reach a parent first.

The following persons, other than parents, **HAVE BEEN AUTHORIZED** to pick up my child from C.A.R.E.S. in the event of an emergency.

Name/Relation _____ Phone # _____

Name/Relation _____ Phone # _____

SPECIAL INSTRUCTIONS

Doctor _____ Phone # _____

Allergies _____ Chronic Illness _____

I give permission to the C.A.R.E.S. staff to act in the event of an emergency when a parent cannot be reached (please sign) _____

The following person(s) **MAY NOT** pick up my child.
