**Good Shepherd Catholic School**

**Registration Fee: $15.00**

**Daily - $15.00 for the first child, $12.00 for each additional child**

**CARES FAMILY REGISTRATION**

**2018 - 2019**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT (S) NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**………………………………………………………………**

**CARES IS BILLED IN ADVANCE BASED ON WHAT YOU SCHEDULE.**

**Time scheduled but not used will be credited the following month.**

**Time NOT scheduled but used will be added to the next billing cycle.**

**DAYS SCHEDULED PER WEEK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Questions regarding CARES – Mrs. Marilyn Shapiro – 215-884-1591**

**…………………………………………………………………**

**Please note: All billing will appear on your monthly SMART Invoice.**

**Billing will be based on your above choice.**

Any family with a bill 30+ days past due will lose CARES privileges.

Any family picking up 15+ minutes after 6:00pm will be charged an additional $12.

**Family Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

……………………………………………………………………………………………………………………..

**(For Office Use only)**

**Registration Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_**

**Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**