



# Good Shepherd Catholic School

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## C.A.R.E.S. PROGRAM FAMILY REGISTRATION 2021-2022

*Children Are Receiving Extended Services*

**Mrs. Carolyn Kistner is the Director of CARES**

Please print all information.

Child #1 Full Name \_\_\_\_\_ Grade in September \_\_\_\_\_

Child #2 Full Name \_\_\_\_\_ Grade in September \_\_\_\_\_

Child #3 Full Name \_\_\_\_\_ Grade in September \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Name of the Person who will pick up the child(ren) \_\_\_\_\_

Relationship to the child(ren) \_\_\_\_\_

*Use the back of this form, if necessary, to list additional names of adults who may be picking up your chil(ren).*

Emergency Information (An adult to contact if parent(s)/guardian(s) are not available, or in case of an early dismissal.)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to the child(ren) \_\_\_\_\_ (circle one: home work cell)

Additional Information needed for the care of your child(ren). Please let us know about any allergies and medical or other issues (use the back of this form, if necessary):

Circle the days you are thinking about for the CARES Program:    Daily    M    T    W    Th    F

**Registration Fee: \$20.00** (includes materials and games for the program).

Received/Paid: \_\_\_\_\_

**Daily Fee: \$18.00** for the **first child**, **\$15.00** for **each additional child**.

If any family arrives after 6:00 PM for pick up, a **late fee** of **\$15.00** (or \$20 for more than one child) will be charged for each additional 15 minutes.

Actual activity will be billed monthly to your Smart Tuition account, after the month has ended.

Please refer to the director's manual billing paperwork to verify your daily/monthly usage.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_