Good Shepherd Catholic School
835 North Hills Avenue · Ardsley, PA 19038
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C.A.R.E.S. PROGRAM FAMILY REGISTRATION 2026-2027

***C**hildren **A**re **R**eceiving **E**xtended **S**ervices*

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 child(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: **$25.00** (per family, includes materials and games for the program).

Received/Paid: _____

Daily Fee: **$20.00** 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 FACTS Tuition Management 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: _____