

Mother of Divine Providence School 2011-2012 C.A.R.E.S. Program

The C.A.R.E.S., Children Are Receiving Extended Services, program at Mother of Divine Providence School is open from 7:00 AM until 6:00 PM.

ELIGIBILITY All students enrolled in Mother of Divine Providence School are eligible to attend.

OPTIONS & FEES Non-refundable \$25 registration fee per child or \$50 registration fee per family. No registration fee required when using program only for early dismissal days, late openings or special HASA lunch, however, fees are due the same day of use. Please make checks payable to: "**MDP CARES**".

		Parishioner	Non-Parishioner
Before School {AM} 7:00 AM to 8:30 AM (OR Late openings 9 to 10:30 AM		\$ 6.00	\$6.00
Extended Day {EXAM or EXPM} Pre-Kindergarten 3 & 4 yr olds and ½ Day Kindergarten			
	11:30 AM to 3:30 PM (or 8:30 AM to 12:30 PM)	\$17.00	\$22.00
Early Dismissals	12:00 PM to 3:30 PM	\$17.00	\$22.00
After School {PM}	3:30 PM to 6:00 PM	\$11.00	\$15.00
After School Athletes	3:30 to 4:30 <u>{Requires 1 month advance notice of attendance & prepayment}</u>	\$6.00	\$ 6.00

~~~~~Combination Session Rates Listed Below~~~~~

Before School & Extended Day (AM OR PM) {AM & EXAM or EXPM}	\$19.00	\$25.00
Extended Day (AM OR PM) & After School {EXAM or EXPM & PM}	\$23.00	\$30.00
Before School and After School {AM & PM}	\$15.00	\$19.00
Before School, Extended Day OR Early Dismissal & After School {AM, EXAM or EXPM & PM}	\$26.00	\$34.00

10% discount for two or more children attending daily (Monday through Friday). If your bill is not paid by the next billing period you will forfeit the discount.

All Day Programs: The following rates apply to students not attending classes due to late openings

Canceling Pre-K-3, Pre-K-4 & ½ Kindergarten.

9:00 to 3:30	Late Opening AM & Extended PM	\$27.00	\$33.00
9:00 to 6:00	Late Opening AM & Extended PM & PM	\$32.00	\$38.00
10:30 to 3:30	Late Opening AM & Extended PM	\$21.00	\$27.00
10:30 to 6:00	Late Opening AM, EXPM & PM	\$26.00	\$32.00

PROGRAM POLICIES

You will receive a weekly bill for services used the prior week Monday through Friday. A late fee of \$5.00 will be charged if your bill is not paid by the next billing period. If your bill is not paid by the second billing period, it will be turned over to the principal for collection and you may not use the program until the bill is paid in full. Checks are payable to "MDP-CARES".

DISCIPLINE POLICY

It is your responsibility to familiarize yourself with the school discipline policy located in the school handbook and the CARES program handbook. All infractions will be handled by the principal.

LATE PICK-UPS

C.A.R.E.S. closes at 6:00 PM. You will be charged \$1.00 per minute per child after 6:00 PM and due at the time you pick up. If you are late three times, we reserve the right to remove your child from our program.

INFORMATION & CONTACT NUMBERS For more information call the school office between 9:00 AM and 3:00 PM at 610-265-2323. (In case of an emergency after the office is closed you can reach C.A.R.E.S. staff at 610-265-9720, this number will not be answered during office hours.)

Mother of Divine Providence School C.A.R.E.S.

Registration Form 2011-2012

Please complete, enclose registration fee and return to the school office.

Please make checks payable to "MDP CARES".

Before School {AM} (7:00 to 8:30AM)	_____ daily or	(Please circle the days needed) Mon., Tues., Wed., Thu., Fri.
After School {PM} (3:20 to 6:00PM)	_____ daily or	Mon., Tues., Wed., Thu., Fri.
After School Athletes (3:20 to 4:30PM)		Mon., Tues., Wed., Thu., Fri.

{1 month advance notice of attendance & prepayment required}

Before & After School {AM & PM}	_____ daily or	Mon., Tues., Wed., Thu., Fri.
Extended AM (8:30AM to 12:30PM)	_____ daily or	Mon., Tues., Wed., Thu., Fri.
Extended PM (11:30AM to 3:30PM)	_____ daily or	Mon., Tues., Wed., Thu., Fri.
Before School & Extended Day AM or PM.	_____ daily or	Mon., Tues., Wed., Thu., Fri.
Extended AM or PM & After School	_____ daily or	Mon., Tues., Wed., Thu., Fri.
Before, Extended Day AM or PM & After School	_____ daily or	Mon., Tues., Wed., Thu., Fri.

Family Last Name: _____ **Parishioner OR Non-Parishioner**

Home Address: _____

Email Address: _____ **Home Phone #** _____

Child(ren) Name(s) _____	Grade _____	Age _____	Date of Birth _____
_____	Grade _____	Age _____	Date of Birth _____
_____	Grade _____	Age _____	Date of Birth _____

Mother's Name _____ **Work Phone #** _____ **Cell #** _____

Father's Name _____ **Work Phone #** _____ **Cell #** _____

Name(s) of Person(s) authorized to pick up your child(ren): _____

In case you can not be reached at the above numbers please provide an Emergency contact:

Name _____ Phone # _____ Cell # _____

Please list any type of allergy (ies) we should be aware of.

Child's Name _____ Allergy(ies) _____

Parent's Signature: _____ Date _____