

C.A.R.E.S. BEFORE SCHOOL PROGRAM
2008 --2009

CHILD'S NAME: _____ ROOM # _____

ADDRESS: _____ PHONE # _____

MOTHER'S NAME: _____ WORK # _____

FATHER'S NAME: _____ WORK# _____

MY CHILD/CHILDREN WILL BE DROPPED OFF AT:

6:30 _____ 7:00 _____ OTHER: _____

MY CHILD/CHILDREN WILL BE ATTENDING:

3 DAYS _____ 5 DAYS _____ ON A NEEDS BASIS: _____

IN CASE OF AN EMERGENCY SCHOOL CLOSING, OR SICKNESS,

CONTACT: NAME: _____ PHONE # _____

(Contact person should be someone who has authority to pick-up your child in an emergency situation.)

Registration Cost is \$15 per family per school year. \$25 if registering for "After" School also. **CHECKS SHOULD BE MADE TO ST. EPHREM CARES.**

COSTS ARE PER CHILD.

5 DAY BASIS: \$15.00 week. 3 DAY BASIS: \$9.00 week

NEEDS BASIS: \$3.50 PER CHILD PER DAY.

PAREN'S SIGNATURE: _____ DATE: _____