



CARES 2014-2015
Registration Packet and Information

April, 2014

Dear CARES Families,

It is that time of year for CARES Registration for the 2014-2015 school year. Attached is a copy of our CARES Registration form, along with the emergency contact information, and acknowledgement of reading our CARES handbook. Please visit our CARES website to find extra copies of each of these forms and also a copy of our handbook for CARES.

This year, the registration fee is **\$25.00** per family and is due on ***Monday, May 26, 2014*** along with all of the forms needed to get the program up and running for September.

It is important that you send your registration papers, fees, and forms in on or before the due date so we have our numbers set up for the CARES program before September. Once your paperwork is sent in, your child will be registered for the entire school year 2014-2015. Please be on the lookout during August for the September calendar and reminders for how to fill out the calendar and send in payments. It is important that you provide your e-mail address on the registration form, as we will be using your e-mail directly to send out reminders when calendars are up and due throughout next year.

All forms, directions, and information concerning the program can be found on our CARES website, which can be accessed from our school website (qoaschool.org). Should you have any questions about registration or the CARES program, please feel free to e-mail Mr. Grill at mgrill@qoaschool.org.

Thank you,

Mr. Grill and the CARES Staff



Queen of Angels Regional Catholic School
401 N. Easton Rd.
Willow Grove, PA 19090
215-659-6393, Fax 215-659-6377

Queen of Angels CARES Program
Family Registration Form 2014 -2015 School Year

Family Name _____

Names of children attending CARES:

1. _____ Grade _____

2. _____ Grade _____

3. _____ Grade _____

4. _____ Grade _____

Address: _____

Home telephone number : _____

Father's Name: _____ Cell # : _____

Mother's Name: _____ Cell #: _____

Emergency Contacts:

1. Name: _____ Tel. # _____

2. Name: _____ Tel. # _____

Medical information / Allergies:

\$25.00 Family Registration Fee enclosed _____ **Check #** _____

****E-mail Address:** _____

(Important forms and reminders will be sent to this e-mail come August and used throughout the school year when calendars are sent out and due; Use as many e-mails as you wish.)



EMERGENCY FORM AND SIGNATURE CARD

Please print the following information:

Child's last name _____ First name _____
Complete address _____
Home phone _____ Primary Cell _____
Phone _____

PARENTS' BUSINESS ADDRESSES AND PHONE NUMBERS

Mother's Name _____
Business Address _____
Business phone number (extension, if needed) _____
Father's Name _____
Business Address _____
Business phone number _____

EMERGENCY CONTACTS (include as many as you like/use back, if needed)

In the event that I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and may also release my child from the CARES program, if necessary. (Please have your license with you.)

Name _____
Address _____
Phone Numbers: Home _____ Cell _____
Relationship _____

Name _____
Address _____
Phone Numbers: Home _____ Cell _____
Relationship _____

SPECIAL INSTRUCTIONS – ALLERGIES, etc.

Pediatrician's Name _____
Phone Number _____

**** In case of serious medical concerns, if I or our emergency contacts cannot be reached, I wish my child to be taken to the Emergency Room of the nearest hospital.**

Yes _____ No _____

PARENTS' SIGNATURES _____



CARES Program
CARES Booklet Response Form

Dear Parents,

After reading the CARES booklet, please return this form to the CARES Coordinator.

I have read the CARES Booklet and have discussed pertinent sections with my child (children). We agree to abide by the policies stated in the booklet.

Signatures:

Parent/Guardian:

Child:

Child:

Child:

Important Directions and Information Regarding CARES

1. Fees

- a. Fees are by the hour only, not half-hour or quarter hour. The first child is \$6, the second \$5, and the third \$4. Only checks are accepted for afternoon CARES. No cash, please.
- b. Checks are to be made out to: Queen of Angels CARES. If your child/children will be using the Morning Program and you have a definite schedule for the month, then you may include that payment in the check. Please note each amount on the calendar so that the correct amounts are recorded for each program.

2. Calendars

- a. Calendars will be posted on the website. It is a good idea to print two calendars—one to keep at home and the other to send in to school. Please send the “school” calendar to us through your child’s teacher.
- b. Notice that a 5% discount is given if the calendar is received before the due date. There is also a \$10 late fee if the items are not received by the due date. This system seems to work well to ensure that calendars are in on time. This is so vital to preparing for the next month. The discount and late fee are calculated into the check by the parents before handing in the calendar. Please be fair about this.
- c. During September, you will be notified when the calendar is posted online. This usually comes between the second and third week of the month. You will fill it in and return it to me through your child’s teacher.
- d. Here is a detailed description of how to use the calendar:
 - 1) Fill in the child’s name and grade
 - 2) On the dates that you will need CARES, fill in the hours. (3-4 or 3-5 or 3-6). *Note any after school activities.*
 - 3) Tally the hours at the bottom of the calendar and multiply by the fee. Take your discount or add you late fee if needed. (fees are in the booklet)
 - 4) Make a check out to Queen of Angels CARES
 - 5) Next month send it in an envelope marked “CARES” to your child’s teacher.
 - 6) If there is an early dismissal, this will be noted on the calendar. It will say “CARES 12-6”. Please fill in the hours needed as you would any other day. Remember lunch! And a change of clothes, if you would like, if your child is in Grades K-8 only.
 - 7) I know this is a lot. Any questions, please e-mail mgrill@qoaschool.org.

3. Emergency Form

- a. Please be sure to fill this out thoroughly. This is our lifeline to you after school hours. Please keep us updated on any changes in your phone numbers during the year.
- b. If there is a particular health problem, please make note of that. (especially food allergies)
- c. You may add as many names of family and friends as you would like to the emergency contacts. Use the back of the form if needed. Just make note of that on the bottom of the front page. We will only release your child to the

names included on your list. Be ready with your license the first few weeks until we all get to know you. Even Mom and Dad!

4. Handbook Response Form

- a. Please read our booklet online and then have all guardians sign the form as well as all children capable of signing.

To summarize the most important information:

1. Items to be returned: emergency form (everyone needs to fill out a new one), and booklet response form.
2. Items are due: **Monday, August 18, 2014**
3. Any questions, please don't hesitate to contact me at school 215-659-6393 or e-mail me mgrill@qoaschool.org.

Even if you don't need CARES for the first week, or even the first month, please return all the information on time. But I need to have all emergency forms so I can generate the necessary paperwork.