

**OUR LADY OF GRACE
C.A.R.E.S.**

(Children Are Receiving Extended Services, before and after school)

The C.A.R.E.S. program (Children Are Receiving Extended Services) at Our Lady of Grace provides professional care, supervision, and recreation for Our Lady of Grace School children. It serves working families who desire both parochial school education and supplementary day care in a Catholic environment for children in Grades PRE-K through eight. There are four experienced adults who will be providing service this year.

Open from 7 am until school begins and from 3 pm until 6:00 pm every day that school is in session, C.A.R.E.S. is designed to complete the philosophy and values of the school and family. There is time set aside for homework, snacks, outdoor and indoor recreation games, movies, and hot snacks once a week.

Fees are the sole support for C.A.R.E.S. program. It is not subsidized by either the school or the parish. We also ask you do not change the child's schedule unless it is absolutely necessary. Please send a note to child's teacher and to C.A.R.E.S. if your routine changes.

C.A.R.E.S. Fees

AM	-	7:00 am - 8:00 am	-	\$3.00 per child per day
PM	-	3:00 pm - 6:00 pm	-	\$8.00 per child per day \$14.00 for 2 children per day \$20.00 for 3 or more children per day
Noon Dismissal	-	12:00-6:00 pm	-	\$16.00 per child per day \$24.00 for 2 children per day \$36.00 for 3 or more children per day

Please note: C.A.R.E.S. ENDS AT 6:00 PM. If your child is not picked up by 6:00 pm, there will be a late fee charged.

Registration fee: \$15.00 - non refundable registration fee per family
\$10.00 - if registered before August 15th

Please send registration form and fee to the following:

Mrs. Bernadette Surgoft
129 S. Woodbine Avenue
Langhorne, PA 19047

(Phone - 215-752-2481) (Afternoon CARES Cell # 215-939-8951)

****PLEASE NOTE: IF SCHOOL CLOSSES DUE TO EMERGENCY OR INCLEMENT WEATHER, CARES WILL ALSO BE CLOSED!**

C.A.R.E.S.
Registration 2003/2004

Full time? Yes No
Part time? (Please circle days) M T W Th F First F

Student Last Name **First Name** **Grade** **Room #** **Birthdate** **Sex**

Address **Town** **Zip Code** **Telephone**

Father's First & Last Name **Work Name & Address** **Work Phone**

Mother's First & Last Name **Work Name & Address** **Work Phone**

Emergency Contact #1 **Address** **Telephone**

Emergency Contact #2 **Address** **Telephone**

Do you require a phone call for notification of snow closings? YES NO

The following adults may pick up the above student from the C.A.R.E.S. Program. Authorized adults please sign below:

Signature #1 _____

Signature #2 _____

Signature #3 _____

Signature #4 _____

**Please list any special instructions you may have for your child.
(i.e. Girl Scouts on Friday, food allergies, any important medical
information, special needs, special diet, etc.)**

****CARES MUST BE NOTIFIED IF THERE IS A CHANGE IN THE TIMES
YOU HAVE SCHEDULED**