

Saint Anastasia CARES Program Application
Children Are Receiving Extended Services

Children's Names

1. _____
Last name First Sex Date of Birth Grade/Room

2. _____

3. _____

Mother's Full Name: _____

Address: _____

Home Telephone: _____ Work/Cell Telephone: _____

Father's Full Name: _____

Address: _____

Home Telephone: _____ Work/Cell Telephone: _____

Special Needs Information

Child: _____

Special Needs (allergies, etc. and directives): _____

Times CARES is needed (Please Circle):

7:30-8:45 Monday Tuesday Wednesday Thursday Friday

3:40-5:45 Monday Tuesday Wednesday Thursday Friday

CARES is available without pre-registration prior to the day by forwarding a note with your child on the day s/he will participate or by calling the School Office by 3:00 PM.

Attached is my non-refundable registration fee of \$30.00 (per family), made payable to: **Saint Anastasia School.**

Early Drop Off and Late Pick up Fees

- **Early Drop off** at 7:00 am is available for a daily fee of **\$5.00**. Early Drop Off **MUST** be **Pre-arranged** with Mrs. Joanna Fabii.
- **Late Pick Up** after 5:45 is charged \$5.00 for the first 10 minutes; \$1.00 per minute thereafter. **Late fees apply to each child being picked up late.** Late fees are billed separately, and must be paid in CASH.

ST. ANASTASIA SCHOOL CARES PROGRAM PARENT AND STUDENT GUIDELINES

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

Parent/Guardian _____ (signature) **Date** _____

Child: _____ (signature) **Date** _____

Child: _____ (signature) **Date** _____

Child: _____ (signature) **Date** _____

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