9/6/22

Dear Parents/Guardians,

The CARES After School Program will begin on Monday, September 12th at 3:00 PM and concludes at 6:00 P.M. Students in Pre-k thru 5th grade can attend After School CARES daily. ***NO MIDDLE SCHOOL STUDENTS WILL BE OFFERED AFTER SCHOOL CARES THIS SCHOOL YEAR.*** Dismissal from the after school program is at the door on Vernon Rd. (down the stairway between the Rectory and Church; then turn right).

Your payment for CARES will be given to Mrs. Ella Cooper in the School Office. The fee for CARES must be paid in cash (no personal checks can be accepted) and placed in an envelope with your child's name and grade written on the envelope. Your child can send it to the office with other paperwork. You are also welcome to come to the School Office to pay the CARES fee. ***(PLEASE DO NOT BRING CASH TO THE CARES COORDINATOR)*** Payments are due each Monday for the week. If a student's account is 2 weeks delinquent, the student may not go to CARES.

All students must fill out an Emergency Form before they can begin the CARES Program. This will allow the CARES Personnel to contact the parents in case of an emergency.

CARES Rates

<u>Pre-K – 5th Grade</u>

CARES (3:00 P.M. – 5:00 P.M.): $6.00 per day
CARES (3:00 P.M. – 6:00 P.M.): $7.00 per day

<u>Sibling Rates</u>
2 Siblings for CARES : $10.00 per day

<u>Late Fee</u>
$1.00 per minute after 6:00 P.M.

Thank you,

Mr. Durrell Harris
Mr. Durrell Harris
Principal

SAINT RAYMOND CATHOLIC SCHOOL
CARES PROGRAM
EMERGENCY FORM
PLEASE UP DATE IF ANY CHANGES DURING THE SCHOOL YEAR

STUDEN'S NAME:_____

STUDENT'S GRADE_____

MOTHER'S NAME_____

FATHER'S NAME_____

HOME ADRESS_____

HOME PHONE NUMBER_____

MOTHER'S WORK NUMBER_____

MOTHER'S CELL NUMBER_____

FATHER'S WORK NUMBER_____

FATHER'S CELL NUMBR_____

EMERGENCY CONTACT NAME_____

EMERGENCY CONTACT NUMBER_____

EMERGENCY CONTANCT CELL NUMBER_____

THE FOLLOWING PEOPLE WILL BE PICKING UP MY CHILD
1._____
2._____
3._____

LIST ALL SIBLINGS ATTENDING ST. RAYMOND'S
1._____
2._____
3._____

LIST ANY ALLERGIES OR MEDICAL CONDITIONS_____

PARENT/GUARDIAN SIGNATURE_____