



St. Raymond of Penafort  
CATHOLIC SCHOOL

An Independence Mission School

7940 Williams Avenue  
Philadelphia, PA 19150  
(215) 548-1919  
<https://imsraymond.org>

September 2024

Dear Parents/Guardians,

The CARES After School Program will begin on Tuesday, September 3, 2024 at 3:00 PM and concludes at 6:00 P.M. Students in Kindergarten thru 5<sup>th</sup> grade can attend the after school CARES daily. Dismissal from the after-school program is at the door on Williams Avenue (down the stairway between the Rectory and Church; then turn right).

Your payment envelope for CARES can be dropped off in the School Office. The fee for CARES must be paid in cash only in an envelope with your child's name and grade written on the envelope. You can also send your payment to the office with other paperwork your child may have. **PLEASE DO NOT BRING CASH TO THE CARES COORDINATOR.** Payments are due in the office each Monday. If a student's account is 2 weeks delinquent, the student may **NOT** go to CARES.

An Emergency Form for each student must be completed **BEFORE** they can begin the CARES Program. This form allows the CARES Personnel to contact the parents in case of an emergency.

**CARES Rates**

Kindergarten - 5<sup>th</sup> Grade

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

Sibling Rates

2 Siblings for CARES: \$10.00 per day

Late Fee

\$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**

**2024-2025**

Please update if you make any changes during the school year.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mother's Work Number (Ext) \_\_\_\_\_

Mother's Cell Phone Number \_\_\_\_\_

Father's Work Number (Ext) \_\_\_\_\_

Father's Cell Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Emergency Cell Phone Number \_\_\_\_\_

The following people will be picking up my child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List all siblings attending St. Raymond School \_\_\_\_\_

\_\_\_\_\_

List any allergies or medical conditions

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_