

I.H.M. CARES Program

Scheduling and Payment Procedures

1) Notify your child's TEACHER of his or her schedule.

Use the form marked **TEACHER** to notify your child's teacher of his or her schedule. This form should be sent in on Thursday to your child's teacher. Circle the days that your child will be attending CARES for the following week.

2) Notify CARES directors of your child's schedule.

Use the form marked **DIRCTOR** to notify the CARES directors of your child's schedule. This form should be sent in on Thursday. Circle the days that your child will be attending CARES for the following week. Payment in the form of a check or money order should accompany this form. Please enclose both items in an envelope addressed to **Mrs. Krista Carberry**. Please also label the envelope "**CARES**".

3) Call the school office and Cares Phone in the event of a schedule change.

In the event of an emergency schedule change, whether it be needing to cancel CARES or schedule your child to attend CARES, please call the school office at (215) 482-2029 and the Cares phone at 215-828-9846. There is a \$25 same day CARES fee that applies to both AM and PM CARES. There are NO credits given unless school is closed unexpectedly (i.e. weather closing).

Our goal is to ensure that all children scheduled to be at CARES are present.

Your child's safety is our top priority!

Your cooperation is sincerely appreciated!

CARES Schedule & Payment Coupon (Director)

Week of: _____ Names of Children _____

A.M. CARES: Monday Tuesday Wednesday Thursday Friday

P.M. CARES: Monday Tuesday Wednesday Thursday Friday

A.M. CARES = \$5 per day Amount Paid _____

P.M. CARES = \$14 per day / \$3 per day additional child (family discount)

\$25 = Same day CARES

Signature _____

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Signature _____

CARES Dismissal Schedule (Teacher)

Week of: _____ Child's Name: _____

My child will attend CARES on the following days:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Parent Signature: _____

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CARES Dismissal Schedule (Teacher)

Week of: _____ Child's Name: _____

My child will attend CARES on the following days:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Parent Signature: _____

✂-----

CARES Dismissal Schedule (Teacher)

Week of: _____ Child's Name: _____

My child will attend CARES on the following days:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

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My child will attend CARES on the following days:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Parent Signature: _____