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WWW.SIMONANDJUDE.ORG

2019 - 2020 PARENT LETTER SAINTS SIMON AND JUDE SCHOOL CARES PROGRAM

Dear Parents,

Saints Simon and Jude CARES program offers before and after school care to all Saints Simon and Jude school children. Our CARES program provides care, supervision, recreation and enrichment activities for your children. It serves families who desire both parochial school education and before/after school day care in a Catholic environment. The CARES program is staffed by experienced, devoted and committed personnel.

Afternoon CARES is available from dismissal to 6:00pm. Morning CARES is available from 7:00am to 8:20am (not available on days with a school delay). **Any Pre-K student arriving at school before 8:20 must be registered in the CARES program.**

The payment policy allows you to use the program on an as needed basis, *with payments made weekly on the last day* CARES is used that week.

If you are interested in the program for the 2019-2020 school year, please fill out the registration form and return it, along with the **\$25.00 per child non-refundable registration fee (check written to Saints Simon and Jude CARES)** to the attention of Candy Savarese. *All students must have completed registration form, health form and registration fee per child submitted before admitted to the CARES program.* All forms are available on our school website at www.simonandjude.org. or the main office. *No student will be admitted to the CARES program without proper information and fees on file.*

For questions, please contact Candy Savarese at the Rectory Office at 610.696.3624 or via email at csavarese@simonandjude.org.

Sincerely,
Laura Kerezsi and Kathi Clapham
CARES Program Directors
cares@simonandjude.org
CARES 484-612-5759 (use only during scheduled hours)

Parent Letter

**2019 - 2020 PARENT INFORMATION
SAINTS SIMON AND JUDE SCHOOL CARES PROGRAM**

ENROLLMENT

CARES is available to all students enrolled at Saints Simon and Jude School.

CARES HOURS

Morning: (AM CARES) 7:00 to 8:20 am

Afternoon: (PM CARES) 3:00 to 6:00 pm

Half Day: (EXTENDED) 11:45am to 6:00 pm (Extended CARES is offered on most half days.)

REGISTRATION FEES

Registration Fee: *non-refundable* \$25.00 per child

Please submit \$25.00 Registration Fee for each child when submitting application.

HOURLY RATES

One Child \$8.00 per hour

Two or More Children..... \$14.00 per hour

Late Pick Up 5.00 for every 10 minutes or fraction thereof

PAYMENTS

WEEKLY PAYMENTS ARE REQUIRED

Please give payments directly to a Staff Associate on the last day CARES is used that week. No child will be admitted to the program unless all registration and health forms have been submitted and payments are current. Accepted forms of payment: cash or check (made payable to SSJ CARES.) We now accept credit cards, there is a 3% convenience fee.

SCHEDULES AND RATES

<u>Hours</u>	<u>One Child</u>	<u>Two or More</u>	<u>Hours</u>	<u>One Child</u>	<u>Two or More</u>
0.5	\$4.00	\$7.00	4	\$32.00	\$56.00
1	\$8.00	\$14.00	4.5	\$36.00	\$63.00
1.5	\$12.00	\$21.00	5	\$40.00	\$70.00
2	\$16.00	\$28.00	5.5	\$44.00	\$77.00
2.5	\$20.00	\$35.00	6	\$48.00	\$84.00
3	\$24.00	\$42.00	6.5	\$52.00	\$91.00
3.5	\$28.00	\$49.00	7	\$56.00	\$98.00

IMPORTANT NOTE

For Parents/Guardians who will only be using CARES on an occasional basis: You are required to email your child/children's teacher and CARES **before 2:00 pm on the days your child/children will attend.**

CARES EMERGENCY PHONE NUMBER

During Cares Hours of operation: 484-612-5759 or CARES@simonandjude.org

2019 - 2020 REGISTRATION FORM
SAINTS SIMON AND JUDE SCHOOL CARES PROGRAM

CHILD INFORMATION

CHILD #1 - (First, Last) _____
Date of Birth: _____
Male/Female: _____
Grade/Room# 2019-2020: _____

CHILD #2 - (First, Last) _____
Date of Birth: _____
Male/Female: _____
Grade/Room# 2019-2020: _____

CHILD #3 - (First, Last) _____
Date of Birth: _____
Male/Female: _____
Grade/Room# 2019-2020: _____

CONTACT INFORMATION

Address: _____
Primary Email Address: _____
Primary Phone Number: _____

PARENTS AND/OR GUARDIAN

Father's Name: _____
Phone Number: _____
Email: _____

Mother's Name: _____
Phone Number: _____
Email: _____

**Please attach non-refundable registration fee of \$25.00 per child with this form.
Checks made payable to: Saints Simon and Jude CARES Program.**

I understand payments are due weekly and I am responsible for all fees and payments. My child/children will not be admitted to the program unless all accounts are current.

Signature: _____ **Date:** _____

2019 - 2020 HEALTH EMERGENCY INFORMATION FORM
SAINTS SIMON AND JUDE CARES PROGRAM

****Please fill out a Health Emergency Form for each child****

CHILD'S NAME (First/Last): _____

Date of Birth: _____

Grade/Room# 2019-2020: _____

Address: _____

Home Email Address: _____

Home Phone Number: _____

Mother's Name: _____

Mother's Cell #: _____

Mother's Work #: _____

Father's Name: _____

Father's Cell #: _____

Father's Work #: _____

EMERGENCY CONTACTS

In the event of apparent serious illness, accident, or when I cannot be reached, I wish one of the following to be notified by telephone. **They may also release and pick up my child from the CARES program.**

CONTACT #1 (First /Last): _____

Phone Number: _____

CONTACT #2 (First/Last): _____

Phone Number: _____

CONTACT #3 (First/Last): _____

Phone Number: _____

Please list any special health information such as diabetes, epilepsy, allergies, eye or ear problems, or any other chronic condition: _____

Please list any medications your child is taking: _____

Doctor: _____ **Phone:** _____

NOTE: Any medication that must be given during the program must be accompanied by a note from the Doctor, properly labeled and given to the Program Director. If personnel are unable to contact any of the Authorized Adults listed on this form, the Program Director may make the necessary decision, in any emergency, at no expense or liability to Saints Simon and Jude.

Please provide Doctor's note, the medication _____ and instructions on medication administrations.

Please check one of the following boxes: I give permission to administer 25 mg Benadryl by mouth if an allergic reaction should occur: _____ YES _____ NO

Signature: _____ **Date:** _____