



# After School CARES Program 2021-2022 School Year

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**OLPR OFFERS AN AFTER SCHOOL CARES PROGRAM WITH THE DHS  
CERTIFICATION REQUIRED BY THE STATE OF PA & THE ARCHDIOCESE.**

**ALL GRADES.. PRE-K3 THROUGH 8**

Our program provides professional care, supervision, recreation, and enrichment activities for students from dismissal until 6:00 p.m. each school day.

The program is operated and staffed by experienced, devoted, and caring adults who work together to provide the children with an atmosphere of acceptance and care. The following is a list of some of the daily activities that the children will experience as a part of our program:

- Snack time (FREE SNACKS ARE INCLUDED DAILY)
- Outdoor play
- Indoor recreation
- Homework help
- Individualized activities
- Free play, center play
- Individualized care and attention
- And much, much more...

The fee structure for the program is as follows:

Non-refundable annual registration fee per family is \$30 **DUE JUNE 30, 2021**

Rates per day:

- \$6.50 for one child for 4:00 p.m. pick-up
- \$9.00 for two or more children for 4:00 p.m. pick-up
- \$11.00 for one child for 5:00 p.m. pick-up
- \$16.00 for two or more children for 5:00 p.m. pick-up
- \$14.50 for one child for 6:00 p.m. pick-up
- \$20.50 for two or more children for 6:00 p.m. pick-up
- Half-day rate (Noon and 1:00 p.m. dismissal days): \$20.50 for one child. \$28.50 for two or more children.

**RESERVE YOUR CHILD'S SPACE TODAY, SPACE IS LIMITED! ONCE  
REGISTRATION IS COMPLETED YOU WILL RECEIVE THE PROPER  
PAPERWORK THAT WILL NEED TO BE RETURNED BY AUGUST 1, 2021. IN  
ORDER TO BEGIN IN SEPTEMBER. ANY QUESTIONS PLEASE CONTACT MS.**

**KING: [Aking@olpr.org](mailto:Aking@olpr.org)**



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## Student Information

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Daily Pick- Up Time (circle one): by 4:00 p.m. by 5:00 p.m. by 6:00 p.m.

Indicate which days your child will attend CARES: \_\_M, \_\_T, \_\_W, \_\_TH, \_\_F

With whom does the child reside: Both Parents Mother Father Other \_\_\_\_\_

Parental Information: Married Separated Divorced Remarried

If divorced, please indicated who has legal (court decreed) custody of the student:

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Does this student have a sibling(s) attending CARES this year? \_\_\_\_ YES \_\_\_\_ NO

If yes, please list names and grades \_\_\_\_\_

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## Parent/ Guardian Information:

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(Mother's Name or Legal guardian)	(Cell phone)	(Email Address)
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(Father's Name or Legal guardian)	(Cell phone)	(Email Address)
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## Emergency Contact:

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(Name)	(Cell phone)
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Student Name: \_\_\_\_\_

**Pick-up Release Information:**

In addition to the parents listed above, the following people also have my permission to pick up my child from the CARES Program.

\_\_\_\_\_  
(Name) (Cell Phone)

\_\_\_\_\_  
(Name) (Cell Phone)

**Medical Information:**

The staff at the CARES Program has access to all of the medical forms used by your child while in the school. However, please alert the CARES Staff to any additional information you feel is important. The distribution of medicine at the CARES Program follows the same policy as Our Lady of Port Richmond School.

Known Allergies/Additional Information: \_\_\_\_\_

**Payments and Billing:**

Due to the staffing needs of our After CARES program, it is necessary for us to bill for After CARES services monthly through TADS, and students will be billed for all After CARES days each month regardless of their attendance. By signing below, you agree to make your payments for After CARES services by the due date each month through TADS. If your payments are not received on time, your student will be asked to not participate in the After CARES program until your After CARES account is paid current. Late payments are subject to a \$35 late fee. A \$35 NSF fee also applies for any returned checks. In addition, pick-up times are strictly adhered to – a late pick-up fee of \$10.00 per child will be charged for every interval of 15 minutes (or portion thereof) beyond your scheduled pick-up time. By signing below, you acknowledge that you understand and agree to the terms and information above.

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

\_\_\_\_\_ Enclosed is my \$30 registration fee.

*Make checks payable to Our Lady of Port Richmond.*

We are proud to be an equal opportunity child care provider.

OFFICE USE ONLY Paid by: \_\_\_\_\_ Check #: \_\_\_\_\_

Received by: \_\_\_\_\_ Spoken with: \_\_\_\_\_