



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 \$35 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: \_\_\_\_\_