

**St. Norbert School 2017 – 2018  
CARES Program**

July, 2017

Dear Parents and Guardians,

St. Norbert School has an after-school program called CARES. The program runs from 3:00 pm to 5:30 pm, Monday through Friday. Some parents use CARES for the occasional day they cannot get to school for the 3:00 school dismissal (send a note to school on the day your child needs to stay for CARES). Because your child's safety is a priority, children not picked up during the regular school dismissal (by 3:15) automatically go to the CARES program and parents are billed.

CARES activities follow a daily schedule: 3 to 4:00 Recess (outdoor or in the gym during inclement weather), 4:00 Light Snack followed by homework for upper grades (games/crafts for younger children). Fridays there will be a movie. CARES is closed on the days St Norbert School has an early dismissal or when St Norbert School is closed.

**Please go to the cafeteria doors for CARES pick up after 4:00.**

Registration Fee: \$25 per family

**All prices reflect per child**

Rate for registered family members: \$10 pick up by 4:00  
\$18 pick up by 5:30

*(20% discount for registered families  
with two or more children)*

Non-registered family members: \$10 pick up by 4:00  
\$20 pick up by 5:00  
\$25 pick up by 5:30

**A late fee of \$5 per child will be charged for every 15 minutes a child is not picked up by 5:30.**

Families are billed monthly. Payment is due within the week of receiving the bill.

Please let me know if you have any questions or concerns. The CARES staff is looking forward to working with you and your children!

Geraldine Donaher

[gdonaher@stnorbert.org](mailto:gdonaher@stnorbert.org)

# ST. NORBERT SCHOOL CARES REGISTRATION FORM

**(\$25 non-refundable registration fee must be attached to this form for CARES discounts. Make check payable to St Norbert School with CARES in memo. Please return to school along with the attached Authorization for Emergency Treatment of a child.)**

Family Name: \_\_\_\_\_

Number of children attending: \_\_\_\_\_

Child's Name	Sex	Date of Birth	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: \_\_\_\_\_

Street City Zip Phone

Parent/Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Parents' business and cell phone contact information:

\_\_\_\_\_

Mother's business address Business Phone Cell Phone

\_\_\_\_\_

Father's business address Business Phone Cell Phone

Contact information for a relative, friend and family physician if parents cannot be reached:

\_\_\_\_\_

Friend or relative name and address Phone Cell Phone

\_\_\_\_\_

Friend or relative name and address Phone Cell Phone

\_\_\_\_\_

Family Physician name and address Phone Cell Phone

# St Norbert School CARES

## AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR

The undersigned is the parent or legal guardian of the minor identified on the CARES Registration Form.

This authorization is being provided to the CARES program and the emergency service department for use in the event of the need for emergency treatment when neither the undersigned, another parent, the identified family physician, friend or relative can be reached to provide consent to treatment.

Minor's Name[s]: \_\_\_\_\_

Health/Hospitalization Insurance Information:

\_\_\_\_\_

Insurer

Policy Number

### Consent:

The undersigned hereby authorizes each physician of the emergency services department or his/her designee (each to be a licensed physician) to perform on the identified minor such emergency treatment or procedures as deemed appropriate, provided however that my consent or the consent of the family physician, friend or relative will be first sought, unless the delay in communicating with such person is, in the opinion of the treating physician, imprudent under the circumstances.

Additional Health Information:

1. Is the minor allergic to any drug, insect bite, food or any substance? Yes\_\_\_ No\_\_\_. If yes, provide details: \_\_\_\_\_
2. Is the minor taking any medication? Yes\_\_\_ No\_\_\_. If yes, provide details: \_\_\_\_\_
3. *Is the minor suffering from any condition requiring special attention such as asthma, diabetes, epilepsy, cardiac condition, or other condition?* Yes\_\_\_ No\_\_\_. If yes, provide details: \_\_\_\_\_
4. Has the minor been under the care of a physician or been hospitalized in the past year? Yes\_\_\_ No\_\_\_. If yes, provide details: \_\_\_\_\_
5. Does the minor have any permanent disability or handicap? Yes\_\_\_ No\_\_\_. If yes, provide details: \_\_\_\_\_
6. May St. Norbert's School include this information on a confidential list to teachers? Yes\_\_\_ No\_\_\_.  
7.

**Parent or Legal Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_