**St. Norbert School 2020 – 2021**

**CARES and Extended Day Program**

 July 2020

Dear Parents and Guardians,

 St. Norbert School has an after-school program called CARES (6 years and older) and Extended Day (3, 4 ,5 year olds). 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 and Snack (outdoor or in the gym during inclement weather), followed by homework for upper grades and games/crafts/play 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.

**Because of COVID, Parents call the CARES phone number when they arrive for pick up. Staff will bring your child to the red cafeteria doors. Parents and guardians are not permitted in the school.**

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)*

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**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 $15 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 two weeks of receiving the bill.

Please let me know if you have any questions or concerns.

*Geraldine Donaher*

gdonaher@stnorbert.org

**ST. NORBERT SCHOOL**

**CARES REGISTRATION FORM**

**(The $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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name                          Sex                             Date of Birth                          Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                \_\_\_\_                           \_\_\_\_\_\_\_\_\_\_                          \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                \_\_\_\_                           \_\_\_\_\_\_\_\_\_\_                          \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                \_\_\_\_                           \_\_\_\_\_\_\_\_\_\_                          \_\_\_\_\_

We are aware that situations change, but for planning purposes, **please circle one of the following options:**

**OPTION 1** Circle the days your child/ren will stay for CARES for the 2020-2021 school year:

M T W TH F (send a note into school on the occasional day your child ***will not*** be staying).

**OPTION 2** You don’t have specific days so will send a note or call the school on the days your child/ren ***will*** attend.

 Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                        Street                                                  City                 Zip                   Phone

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

Address (if different from child’s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s business address                         Business Phone                    Cell Phone

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s business address                          Business Phone                    Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of contact if parent can’t be reached Phone                         Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of contact if parent can’t be reached Phone                         Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician name               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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**