



6 Greenlawn Road
Paoli, PA 19301
P: 610.644.1670
F: 610.644.0201
school.stnorbert.org

St. Norbert School 2024-25 CARES Program

July 2024

Dear Parents and Guardians,

St. Norbert School offers CARES, an after-school program for PK-4 to 8th grade students that runs from 3:00 PM until 5:30 PM, Monday through Friday for families that cannot get to school for the 3:00 PM dismissal. There is a \$35.00 annual registration fee to participate in the program. This ensures families can utilize CARES when needed. Each family is also required to complete a mandatory medical form for their child(ren) to attend CARES. This will ensure the safety of the child(ren) and helps the trained staff to assist a child properly in an emergency.

CARES Daily Activities Schedule:

*3:00 PM to 3:30 PM: Students have a light snack.

*3:30 PM to 4:00PM: Students have a PM recess (outdoor or in the gym during inclement weather).

*4:00 PM: All students have homework time or quiet time (reading books or playing board games).

After all homework is completed, students may play with provided games and toys.

* On Friday afternoons, students watch a movie.

Parents will need to call the CARES phone number 484-640-6962 when they arrive for pick up. Staff will bring your child(ren) to the cafeteria doors. Parents and guardians are not permitted in the school.

Please note: CARES will be CLOSED on the days St Norbert School has an early dismissal or when St Norbert School is closed.

St. Norbert School also offers an AM CARES drop-off at 7:45 AM for Pre-K 4 students who need to arrive at school earlier than the 8:15 AM PK drop-off time. Parents will need to fill out the required forms and pay the \$35.00 registration fee for their child(ren) to participate in AM CARES.





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Fees:

Registration Fee: \$35 per family

Daily Rates:

AM Rate: \$8.00 per child
PM Rate: 1 Child: \$20.00
2 Children: \$32.00
3 Children+: \$35.00

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

Invoicing through Blackbaud Tuition Management:

The CARES registration fee will be automatically deducted from your tuition account upon sending in your CARES registration form and medical form. Monthly CARES dues will be invoiced directly to your Blackbaud Tuition Management account which will help streamline your payment processing.

Each family will be requested to complete a CARES form pre-selecting the days & dates your child(ren) will be attending the program for the following month. Your CARES charges will be posted to your Blackbaud Tuition Management account.

In the case of an emergency, if you are a non-CARES registered family and cannot arrive to school in time for dismissal, please contact the school office immediately and your child will be sent to CARES. (In this event, the family will be charged the \$35.00 registration fee and the CARES fee will be automatically deducted from your tuition account at the end of the month).

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

Lori Myers

Lori Myers
St. Norbert Catholic School
CARES Director
(e) lmyers@stnorbert.org





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St. Norbert School CARES Registration Form

The \$35.00 non-refundable registration fee must be attached to this form. 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(ren) Name(s)	Sex	Date of Birth	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We are aware that situations change, but for planning purposes, **please select an option below:**

I plan on utilizing CARES regularly and have paid the \$35.00 registration fee and completed all necessary paperwork.

I am opting out of utilizing CARES (unless there is an emergency). I have sent in the necessary medical forms. I understand that I will pay a \$35.00 registration fee and all dues for the use of CARES on that day.

Address: _____
 Street City Zip Phone

Parent/Guardian: _____

Address (if different from child(ren):

_____ Street City Zip Phone





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Mother's business address	Business Phone	Cell Phone
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Father's business address	Business Phone	Cell Phone
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1. Name of contact if parent can't be reached	Phone	Cell Phone
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2. Name of contact if parent can't be reached	Phone	Cell Phone
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Family Physician Name	Phone
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**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
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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 School include this information on a confidential list to teachers?

Yes___ No___

Parent or Legal Guardian's Signature

Signature: _____

Printed Signature: _____

Date: _____

