

St. Mary Interparochial School
CARES Enrollment Form 2019-2020 School Year

Student Information:

Name of Student: _____ Date of Birth: _____

Social Security Number: _____ Grade: _____

Address: _____

Parent Primary Phone: _____

Work Phone: _____

Secondary Phone: _____

E-mail Address: _____

E-mail Address (Secondary): _____

Did you apply for any financial assistance; Children's Scholarship Fund, BLOCS, etc.? Yes No

Are you interested in receiving financial assistance for the CARES Program? Yes No
(If yes, please see Request for Financial Assistance Form (Page 2))

Emergency Contact Information (other than Parent/Guardian/Caregiver noted above):

Name: _____

Relationship to Student: _____ Phone Number: _____

Name: _____

Relationship to Student: _____ Phone Number: _____

I am aware that the **registration fee is \$50.00 per family** and must be paid by **May 29, 2019**. I am aware that a form must be completed for each individual child attending the CARES program. I am aware that my child's program must always be paid one month in advance, and there are **no exceptions** to this policy, unless given **prior permission** by the CARES Director. I am aware that the program operates from 3:00 PM – 6:00 PM (Monday-Friday), and any child picked up after 6:00 PM will incur a \$30.00 late fee. Excessive lateness could result in the child's removal from the CARES program. I am aware that if my child is unscheduled for CARES, I will incur CARES programming fees. **Late registration, received after May 29, 2019, is \$100.00.** I am aware that our program does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, marital status, sexual orientation, or socioeconomic income level, in any of its activities or operations.

Parent Print: _____

Parent Signature: _____

**Request for Financial Assistance Form
(Confidential)**

In congruence with our mission and core values, we are committed to providing quality aftercare programming for families regardless of their financial circumstances. Our financial assistance program is central to our mission. To find out if you are eligible for partial or full assistance, please complete the form below. All awards for aftercare financial assistance will be announced by June 30, 2019 for the 2019-2020 school year. **All requests for financial assistance is due by May 29, 2019. Only one completed "Request for Financial Assistance Form" per family is required for eligibility.**

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Name of Student(s): _____

Annual Household Income: _____ Household Size: _____

Does your family receive any of the following benefits? If yes, please provide proof benefits are currently being received (case number, any supporting documents, etc).

Temporary Assistance for Needy Families (TANF) Yes No

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Yes No

Supplemental Nutrition Assistance Program (SNAP) Yes No

Philadelphia Housing Authority (PHA) / Housing Choice Voucher (Section 8) Yes No

Family Empowerment Services (FES) Yes No

Involvement with the Department of Human Services (DHS) Yes No

Supplemental Security Income (SSI) or Social Security Disability (SSDI) Yes No

Is your family currently experiencing any financial hardships or difficulties?

Parent Signature: _____ Date: _____