

Saint Mary Interparochial School
CARES Program Enrollment Form 2025-2026 School Year

Student Information:

Name of Student: _____ Grade: _____

Date of Birth: _____ Allergies: _____

Address: _____

Parent Primary Phone: _____

Work Phone: _____

Secondary Phone: _____

E-mail Address: _____

Did you apply for financial assistance, such as 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 \$35.00 per family** and must be paid by **September 5, 2025**. An enrollment form must be completed for every 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 St. Mary Interparochial School. I am aware that the program operates from 2:45 PM – 5:30 PM (Monday- Friday), and any child picked up after 5:30 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 Friday, September 5, 2025, is \$100.00.** I am aware that our program does not discriminate based on 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. Please complete the form below to find out if you are eligible for partial or full assistance. All awards for aftercare financial assistance are planned to be announced by June 30, 2024, for the 2024-2025 school year. **All requests for financial assistance are due by September 5, 2025.** **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 that the benefits are currently being received (case number, any supporting documents, etc.).

Temporary Assistance for Needy Families (TANF)	Yes No
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Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Yes No
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Supplemental Nutrition Assistance Program (SNAP)	Yes No
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Philadelphia Housing Authority (PHA) / Housing Choice Voucher (Section 8)	Yes No
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Family Empowerment Services (FES)	Yes No
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Involvement with the Department of Human Services (DHS)	Yes No
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Supplemental Security Income (SSI) or Social Security Disability (SSDI)	Yes No
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Is your family currently experiencing any financial hardships or difficulties? Please explain:

Parent Signature: _____ Date: _____