



**Saint Mary Interparochial School  
CARES 2025-2026**

**Family Contract and Contact Information Form**

Thank you for selecting to enroll your child in our CARES after-school program! Please read through the following family contract. If you are in agreement, please sign and return to Mrs. Penna no later than Friday, September 5, 2025.

**Dismissal**

- **Anyone who picks up a child/children will be asked for proper identification, such as a driver's license, a state identification, or a passport. This is for the protection and safety of your children. - NEW POLICY**
- You are required to pick up your child/children on time. CARES ends at 5:30 PM.
- If you pick up your child/children after 5:30 PM, a late fee of \$30 per family (**CASH**) payment should be received within two days or you will be billed through FACTS.
- Excessive lateness could result in the child's removal from the CARES program.
- You should notify Mrs. Penna (267-231-4405) if another person is to pick up your child/children. The CARES Staff will be notified by phone. That designated person will also need to show proper identification.

**General**

- I will send my child with a snack each day for CARES.
- I will encourage my child/children to inform a teacher or CARES staff member when something or someone is bothering them.
- I understand that homework time will be from 3:15 PM until 4:00 PM. If homework is not completed in the time allotted, I will complete homework at home with my student/students.
- I understand that homework is the ultimate responsibility of the parent to check to ensure it was completed. Staff will assist but there may be times when we may not be able to do so because of special programming.
- I understand that if my child is unscheduled for CARES, I will incur CARES programming fees.
- I am aware that the registration fee of \$35.00 per family is due on September 5, 2025 for K-4.
- I am aware all registrations received after September 5, 2025 will be \$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.

We, the CARES staff, want students to participate in fun activities offered daily. If a student does not follow the rules you will be notified.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Sincerely,  
Mrs. Mary Ellen Penna and Mrs. Paula Zuzulock

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



### Family Contract and Dismissal Confirmation

☐ Yes, I have read the CARES Family Contract and agree to the policies listed.

Parent (1) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (2) Signaature \_\_\_\_\_ Date \_\_\_\_\_

### CARES Family Contact Information

Student (1) Name \_\_\_\_\_ Grade \_\_\_\_\_

Student (2) Name \_\_\_\_\_ Grade \_\_\_\_\_

Student (3) Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent (1) Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent (1) Name \_\_\_\_\_ Cell # \_\_\_\_\_

### Releasing Students to Permitted Individuals

Please provide the names and telephone numbers of anyone who has permission to pick up your child. Please check off at least one person as an emergency contact.

Name	Relationship	Cell Phone	Emergency Contact
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Please complete, sign and return to school no later than **September 29, 2023**.

**OFFICE USE ONLY:** Date Received \_\_\_\_\_ Initial \_\_\_\_\_

# SEPTEMBER 2025

CARES CHECK#

BILL ON FACTS

STUDENT NAME

GRADE

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3 First Day of School 1:00PM Dismissal	4 1:00PM Dismissal No CARES	5 1:00PM Dismissal No CARES	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25 1:00PM Dismissal No CARES	26 1:00PM Dismissal No CARES	27
28	29	30	CARES RUNS 3:00 TO 5:30 ON FULL DAYS OF SCHOOL ONLY LATE PICK-UP AFTER 5:30 IS A \$30.00 CASH FEE			