Saint Francis of Assisi School
601A Buttonwood Street
Norristown, PA 19401
Phone: 610-272-0501

CARES Registration Form

Name of Student	Sex M/F	Date of Birth	Grade

Parent/Guardian Name: _____

Home Address: _____

_____

Home Phone: _____

Cell Phone: _____ Work Phone: _____

Does your family receive CCIS funding for CARES? ❑ Yes ❑ No

- If you answered **yes** for CCIS funding, please answer the following questions:
  - Case Worker: _____
  - Co-Pay Amount: _____

❑ **Please note that all families must also complete the standard Department of Human Services (DHS) Emergency Contact Form for each student you wish to register for CARES.**

❑ **Please note that all families must also complete the standard Department of Human Services (DHS) Agreement Form for each student you wish to register for CARES.**

❑ **Please attach non-refundable fee of $40.00 per family made payable to Saint Francis of Assisi CARES Program.**

CARES Payment Options – Please select one option.

❑ CCIS ❑ Check or Money Order ❑ Bill FACTS Account

OVER

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Family Name: _____

Please list days and hours your child/children will attend CARES.
Example: If you need extended care for two days of the week on Monday and Wednesday from 2:30 P.M. to 3:30 P.M., then your selection should look like this:

	Monday	Tuesday	Wednesday	Thursday	Friday
Days	**X**		**X**		
Hours	*2:30-3:30 P.M.*		*2:30-3:30 P.M.*		

Please make selection here:

	Monday	Tuesday	Wednesday	Thursday	Friday
Days					
Hours					

Please be advised that you will be billed for your selection(s). You will receive an invoice every month from the Main Office. **You will have the option to pay CARES through your FACTS Family account or through cash, check, or money order. Please be prompt with your payments. Thank you for your cooperation!**

If you have any questions please do not hesitate to email me at btigue@sfacatholic.org or contact the Main Office.

Thank you,

Bridget M. Tigue
Principal

Main Office Use Only:

- ❑ CARES SFA Registration Form (1 per family)
- ❑ Department of Human Services (DHS) Emergency Contact Form (1 per child)
- ❑ Department of Human Services (DHS) Agreement Form (1 per child)
- ❑ CARES Activity/Registration Fee ($40.00 per family)

Students cannot begin enrollment in CARES until all items listed above are on file at the Main Office.