



Family Name: _____

Our Lady of Good Counsel Catholic School

611 Knowles Ave ∞ Southampton, Pennsylvania 18966
215-357-1300 ∞ www.school.olgc.org

CARES REGISTRATION: 2018-2019 School Year

Please complete the following schedule below for your child(ren) checking the days needed.

AM CARES (6:45 AM to 8:15 AM)

- _____ AM MONDAY
- _____ AM TUESDAY
- _____ AM WEDNESDAY
- _____ AM THURSDAY
- _____ AM FRIDAY

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Days child(ren) will be enrolled:

- _____ 5 days per week
- _____ Part-time: If so, please list days: _____

Estimated Drop-off Time: _____

PM CARES (2:30 PM to 6:00 PM)

- _____ PM MONDAY
- _____ PM TUESDAY
- _____ PM WEDNESDAY
- _____ PM THURSDAY
- _____ PM FRIDAY

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Days child(ren) will be enrolled:

- _____ 5 days per week
- _____ Part-time: If so, please list days: _____

Estimated Pick-up Time: _____

EMERGENCY CONTACT

#1 Name: _____

Address: _____

City: _____ Zip: _____

Home: (_____) _____ - _____ Work: (_____) _____ - _____

Cell: (_____) _____ - _____

#2 Name: _____

Address: _____

City: _____ Zip: _____

Home: (_____) _____ - _____ Work: (_____) _____ - _____

Cell: (_____) _____ - _____

APPROVED PICK-UP NAMES

#1: _____ (signature)

#2: _____ (signature)

#3: _____ (signature)

#4: _____ (signature)

#5: _____ (signature)

REGISTRATION FEE

\$50.00 per family per year

Parent Signature: _____ Date: _____