



**Our Lady of Good Counsel Catholic School**

611 Knowles Ave ∞ Southampton, Pennsylvania 18966

215-357-1300 ∞ www.school.olgc.org

**CARES REGISTRATION: 2019-2020 School Year**

**Family Name:** \_\_\_\_\_

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

**Please select one of the following payment plans: Hourly\_\_\_\_\_ OR Monthly\_\_\_\_\_**

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