

Dear SKS Families,

Welcome to both our new and returning school families. As you prepare for the first full week of school, I wanted to make information available about the after school C.A.R.E.S program.

CARES stands for Children Are Receiving Extended Services. C.A.R.E.S strives to provide a safe, caring environment for the family at the end of the school day. Daily activities include homework time, outside play and inside games. We provide individual attention, security, consistency and care to all the children in attendance.

We offer supervision Monday through Friday from 3:00 to 6:00. Students are called to the cafeteria at the end of the day and they usually work on homework before playing outside. Parents should provide a drink and snack for their child while in CARES. They are hungry at the end of the day so an extra snack is important. The children may be picked up at the school entrance unless they are already outside.

Students may attend on a daily basis or as needed. However, it would be helpful to know when your child is staying so that we avoid confusion at dismissal. An email to the homeroom teacher is sufficient as long as we have the emergency contact on file.

Please complete the attached registration form and emergency contact sheet if you will need after school coverage. All fees will be invoiced monthly through the FACTS system. The CARES program begins Monday, September 9 and will be offered every day except the day before Christmas break.

Mrs. Katie Jones  
CARES Director

**St. Katharine of Siena School: C.A.R.E.S. Program**  
**Registration and Emergency Contact Form**  
**2025-26 School Year**

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

**Child/children and grade**\_\_\_\_\_

\_\_\_\_\_

**Cell Number for parent 1:** \_\_\_\_\_

**Email address:**\_\_\_\_\_

**Cell Number for parent 2:**\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number to call in the event of an emergency:**

Name: \_\_\_\_\_ number \_\_\_\_\_

Name: \_\_\_\_\_ number \_\_\_\_\_

**Name of anyone other than parent who may be picking up:**

\_\_\_\_\_ relation to child/children

**Any allergies or medical concerns for your child/children:**

\_\_\_\_\_

**Days and times your child/children will be using the program**

\_\_\_\_\_

**Cares Fees:** Full Time 3-6pm monthly fee \$240 per child

Part Time 3-4:30 monthly fee \$170 per child

Daily drop-in fee \$25 per child