**C.A.R.E.S. PROGRAM REGISTRATION FORM FOR 2020-2021**

***REGISTRATION IS DUE BEFORE MAY 31, 2020***

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

|  |  |  |
| --- | --- | --- |
| STUDENT NAME | DATE OF BIRTH | GRADE |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PARENT/ LEGAL GUARDIAN NAME | EMAIL ADDRESS | CELL PHONE | WORK PHONE | HOME PHONE |
|  |  |  |  |  |
|  |  |  |  |  |

Please list your full home address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City State Zip Code

I authorize the following people to pick-up my child(ren) from C.A.R.E.S.:

|  |  |  |
| --- | --- | --- |
| NAME | RELATIONSHIP | CELL PHONE NUMBER |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please list food allergies and/or other medical information necessary in caring for your child(ren):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C.A.R.E.S. PLAN SELECTION AND BILLING INFORMATION**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PLAN** | **Days** | **Monthly Cost****1st Child** | **Monthly Cost****2nd Child** | **Days of Use (circle which days your student will attend)** |
| **A** | **5 days/ week** | **$260** | **$230** |  |
| **B** | **4 days/ week** | **$210** | **$190** | **M T W R F** |
| **C** | **3 days/ week** | **$160** | **$140** | **M T W R F** |
| **D** | **2 days/ week** | **$110** | **$100** | **M T W R F** |
| **E** | **4 days/ month** | **$60** | **$50** | **M T W R F** |

**PAYMENT**: Fees for C.A.R.E.S. are billed and paid monthly through Smart Tuition along with your tuition payment from June to March. By signing this registration form you agree to pay the monthly C.A.R.E.S. fees as indicated by your plan selection.

**CANCELLATION/ REFUNDS:** If you need to cancel your C.A.R.E.S. enrollment, cancellation before September 1, 2020 will result in a full refund of fees paid. You may elect to have this refund applied to your outstanding tuition balance. Cancellation after September 1,2020, will result in a forfeiture of fees up to the last month in which the student attends C.A.R.E.S. Changes to your C.A.R.E.S. plan must be in writing and submitted 2 weeks prior to the billing date.

**REGISTRATION FEE:** Each family is required to pay a non-refundable registration fee of $25 before May 31, 2020 to guarantee placement in CARES for the 2020-2021 academic year. After May 31, 2020 the registration fee will be $50.00 and your student will be added to the wait list. The fee must accompany this completed form. Checks should be made payable to OMC School.

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Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date