

# AM Cares Contact Info 2018/19

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

**Email Address:** \_\_\_\_\_@\_\_\_\_\_

**Child's Name**

**Grade**

**Rm#**

**1-** \_\_\_\_\_

**2-** \_\_\_\_\_

**3-** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

## **Emergency Contacts:**

**#1 Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**#2 Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

## **Health Concerns/Allergies:**

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# AM Cares Information 2018/19

Thank you for your interest in our MORNING CARES program!

- AM Cares Program runs during the entire school year  
(Except scheduled days off)  
**Monday through Friday 6:30am – 7:45am.**
- Doors open promptly at 6:30 AM. No one will be allowed to enter the school building before the doors open.
- Children will enter the building through the breezeway doors.  
(Through school yard entrance @ ramp **or** Shelmire Avenue entrance)  
Due to safety precautions, parents will **NOT** be allowed to escort children inside the building. There will be a teacher waiting at the doors to ensure your child/children safely arrive in the CARES room.
- Breakfast is provided at 7:30am, however, children are permitted to bring their own breakfast if desired.
- Cost for AM Cares (per day) is:

1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child
\$6	\$9	\$12

Payment is due weekly (unless otherwise arranged) by CASH OR CHECK made payable to Resurrection Regional. Please place all payments in a sealed envelope labeled “Morning Cares – Lexi Canfield”
- Any questions or concerns regarding the MORNING CARES program can be forwarded to [LCANFIELD@ResurrectSchool.org](mailto:LCANFIELD@ResurrectSchool.org)  
All emails will be answered within 24 hours. There is no need to email ahead of time if you are sending your child to morning CARES. Roll will be taken every morning . In the event that a day is paid for and your child does **NOT** attend AM Cares on the specified day, the payment will roll over to the following day your child attends.
- All children attending the cares program need to fill out the form on the other side with emergency contact info.

I fully understand the information listed above. By signing below, I agree to pay for my child to attend the MORNING CARES program.

Parent/Guardian Signature: \_\_\_\_\_

(Date)