

PLEASE COMPLETE THIS FORM AND RETURN IT TO MRS. DELEON ROOM 102 ON THURSDAY, SEPTEMBER 3, 2020

I request that my child(ren) attend(s) the St. Charles Borromeo CARES Program beginning on September 1, 2020. I require the following services:

_____ Full time care (Monday-Friday)

_____ Part time care (1-2-3-4 days per week) _____
(list days here)

_____ Pick up before 4:30 PM

_____ Pick up between 4:30 and 6:00 PM

Child's name _____ Room _____

Child's name _____ Room _____

Child's name _____ Room _____

I have read the Booklet for Parents and have discussed pertinent sections with my child(ren). I will comply with the guidelines and notes listed in it.

Parent's Signature: _____ Date: _____