

St. Mary Magdalen Catholic School

2024-2025

C.A.R.E.S. REGISTRATION

AM DAYS ATTENDING: **M T W TH F**

DROP-OFF TIME: **7 AM**

PM DAYS ATTENDING: **M T W TH F**

PICK-UP TIME: **4 PM 5 PM 6 PM**

FAMILY'S LAST NAME

Parents/Guardians *(First Names)*

Student *(First Name)*

Grade *(2024-2025)*

Student *(First Name)*

Grade *(2024-2025)*

Student *(First Name)*

Grade *(2024-2025)*

Student *(First Name)*

Grade *(2024-2025)*

ADDRESS (Street)

City, State, Zip

PHONE (Home)

Mother's Cell

Mother's Email

Father's Cell

Father's Email

AM School Rate: The rate is the same as the pick-up by 4 PM based on the # of children. (e.g., 3 children is \$40)

PM School Rates:	# Children	Pick-up by 4 PM	Pick-up by 5 PM	Pick-up by 6 PM
	1	\$20	\$30	\$40
	2	\$30	\$40	\$50
	3	\$40	\$50	\$60
	4+	\$50	\$60	\$70

A non-refundable family registration fee of \$45 is due with this form. Please make payment to St. Mary Magdalen School. For the C.A.R.E.S. Handbook and more program details, please visit the Parent Portal on our school's website.

For School Office Use:

Date Received: _____ Check Amount: \$ _____ Check # _____