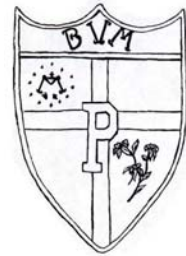


Presentation BVM School
105 Old Soldiers Rd.
Cheltenham, PA 19012

Presentationbvm.org/school (215) 379-3798



September 4, 2007

Dear Parents,

Presentation BVM School provides an extended day program entitled **CARES-Children are Receiving Extended Services**.

The program provides professional care, supervision, recreation, and enrichment activities. Time is set aside for a snack, outdoor and indoor recreation, homework, games, and art projects.

Hours are 2:30 to 6 P.M. each school day.

It services members of our parish school community who desire Catholic school education and after school care. It is available for children in grades K to 8.

An experienced, devoted, and caring staff that works together to provide the children with an atmosphere of acceptance and care staffs the CARES Program.

If you are interested in enrolling your child please complete the reverse side of this letter and return it to the Main Office. Our emergency form will be sent home with a calendar and to be completed and returned by Monday, Sept. 10th. The second calendar is a copy for you to complete with payment.

Payment must be made by the end of the month for the child to continue in the program.

No child may stay at Cares unless you have registered for the program and all necessary paperwork is completed.

Sincerely,

Mrs. Nancy Scharnikow
Principal

September CARES Payment Sheet

Family Name _____

Children in program _____

Parent's Name (if different from Child) _____

CARES payment for month of _____

Directions: Circle the time closest to the time that you will pick up your child. For example: if you pick up your child at 4:45 then 5:00 would be the next closest pick up time. Use the chart below to tally up your monthly payment.

PICK UP TIME	# OF DAYS AT CARES AT THIS PICK UP TIME	COST PER DAY	SUBTOTAL
3:00		\$1.75	
3:30		\$3.50	
4:00		\$5.25	
4:30		\$7.00	
5:00		\$8.75	
5:30		\$10.50	
6:00		\$12.25	
	ADD FINAL COLUMN FOR TOTAL	TOTAL	\$

Complete only if multiple children in program:

First child total (above total) _____

Second child total _____ X .75= _____

Third child total _____ X .50= _____

Total Amount Enclosed _____

Please make checks payable to: Presentation B.V.M. School place in the envelope provided. Please write your child's name on the check.