
2500 Branch Pike
Cinnaminson, NJ 08077



(Cares): (856) 829-2778 ext. 7
Fax: (856) 829-2159

C.A.R.E.S.

April



March 19, 2024

Dear C.A.R.E.S. Parents,

Attached, please find the registration packet for the month of April. Thank you for submitting your forms on time. Just a reminder, C.A.R.E.S. **Monthly Registration forms for April** are due on **Wednesday, March 27**. Your child/Children will be considered **non-scheduled** or **Add-on/Drop-in** if you fail to submit the forms on time. You will be charged **\$20 per day for each Add-on/Drop-in or non-scheduled student**. Please also remember to put your **child's name** and **homerom** at the top of the page.

If you have any questions, comments, or concerns, please contact me at Cares@scbpschool.com. Thank you so much for your cooperation!

Sincerely,

Mr. Joeram and Mrs. O'Malley
CA.R.E.S Directors

2500 Branch Pike
Cinnaminson, NJ 08077



(School): (856) 829-2778
Fax: (856) 829-2159

C.A.R.E.S.

Weekly Registration Form

Please register my child(ren) listed below for the C.A.R.E.S. program for the date and times indicated below.

Week of April 8 – April 12, 2024

1 st Child's Name:	Grade:
2 nd Child's Name:	Grade:
3 rd Child's Name:	Grade:
4 th Child's Name:	Grade:

Program Fees

Morning: One child: \$8.00 per day and \$4.00 for each additional child.
Afternoon: One child: \$15.00 per day. Each additional child is \$5.00 per day.

Monday, April 8, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Tuesday, April 9, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Wednesday, April 10, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Thursday, April 11, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Friday, April 12, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total

<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	
Total Weekly Amount:		

Parent Signature: _____ Date: _____



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C.A.R.E.S.

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Please register my child(ren) listed below for the C.A.R.E.S. program for the date and times indicated below.

Week of April 15 – 19, 2024

1 st Child's Name: _____	Grade: _____
2 nd Child's Name: _____	Grade: _____
3 rd Child's Name: _____	Grade: _____
4 th Child's Name: _____	Grade: _____

Program Fees

Morning: One child: \$8.00 per day and \$4.00 for each additional child.
Afternoon: One child: \$15.00 per day. Each additional child is \$5.00 per day.

Monday, April 15, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Tuesday, April 16, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Wednesday, April 17, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Thursday, April 18, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Friday, April 19, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Total Weekly Amount:

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Parent Signature: _____ Date: _____



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C.A.R.E.S.

Weekly Registration Form

Please register my child(ren) listed below for the C.A.R.E.S. program for the date and times indicated below.

Week of April 22 – 26, 2024

1 st Child's Name: _____	Grade: _____
2 nd Child's Name: _____	Grade: _____
3 rd Child's Name: _____	Grade: _____
4 th Child's Name: _____	Grade: _____

Program Fees

**Morning: One child: \$8.00 per day and \$4.00 for each additional child.
Afternoon: One child: \$15.00 per day. Each additional child is \$5.00 per day.**

Monday, April 22, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Tuesday, April 23, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

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Wednesday, April 24, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Thursday, April 25, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Friday, April 26, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Total Weekly Amount:

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Parent Signature: _____ Date: _____

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C.A.R.E.S.

Weekly Registration Form

Please register my child(ren) listed below for the C.A.R.E.S. program for the date and times indicated below.

Week of April 29 – May 3, 2024

1 st Child's Name:	Grade:
2 nd Child's Name:	Grade:
3 rd Child's Name:	Grade:
4 th Child's Name:	Grade:

Program Fees

Monday, April 29, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total

<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	
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Tuesday, April 30, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Wednesday, May 1, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Thursday, May 2, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Friday, May 3, 2024

Morning C.A.R.E.S.	Afternoon C.A.R.E.S.	Daily Total
<input type="checkbox"/> 7:00 – 8:00 a.m.	<input type="checkbox"/> 3:00 – 6:00 p.m.	

Total Weekly Amount:

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TOTAL AMOUNT FOR APRIL: _____

Parent Signature: _____ Date: _____