

## Family Information

<b>Parent/ Guardian #1</b>	Parent/Guardian _____
	Address _____ City/Zip _____
	Email _____
	Home Tel _____ Work Tel _____ Cell _____
<b>Parent/ Guardian #2</b>	Parent/Guardian _____
	Address _____ City/Zip _____
	Email _____
	Home Tel _____ Work Tel _____ Cell _____

## Child Information

For more detailed health concerns/allergies/diet restrictions, or medications, please see staff for a **Medical Permission Form**. If your child has an IEP, we request a copy be given to the coordinator. **Please provide a copy of each child's current immunization record.**

Child's Name	Date of Birth	Grade	School	T-shirt size
1.				XS S M L XL
Health concerns/allergies/diet restrictions:	Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly describe:			
2.				XS S M L XL
Health concerns/allergies/diet restrictions:	Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly describe:			
3.				XS S M L XL
Health concerns/allergies/diet restrictions:	Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly describe:			

## Emergency Pick-up

Authorized people to pick up your child (other than parents) in case of emergency/alternate scheduling. Please list in order of contact for emergencies. **Must have at least 3 listed.**

Name(s) #1 _____	Phone _____
Name(s) #2 _____	Phone _____
Name(s) #3 _____	Phone _____
Name(s) #4 _____	Phone _____

## Not Authorized to Pick-up

Persons not authorized to pick up your child – need court order for parent. Staff should be made aware of relationship to child.

Name(s) \_\_\_\_\_

## Acknowledgement

I understand that this information will be used for the 2019-2020 school year. It is my responsibility to notify KidKare in the event that any information provided changes through June 2020.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



BUFFALO • HANOVER • MONTROSE

# WEEKLY CONTRACT SCHEDULE

My child(ren) will attend KidKare at: ☐ Parkside ☐ Hanover ☐ Montrose ☐ Northwinds ☐ Tatanka

**Family registration fee of \$50 is due at time of registration.**  
**Fee is waived if family was registered for our 2019 Summer program.**

**In signing this contract, I understand and agree to the following:**

## KidKare School Day Schedule (Kindergarten – 6<sup>th</sup> Grade)

Student Name:	Start Date:
Before school: \$6 (6 – 7:30 am) M T W Th F	
Hourly after school: \$7 (2:30 – 3:30) M T W Th F	
After school: \$12.50 (2:30 – 6:30 pm) M T W Th F	
Student Name:	Start Date:
Before school: \$5.50 (6 – 7:30 am) M T W Th F	
Hourly after school: \$6.50 (2:30 – 3:30) M T W Th F	
After school: \$11.50 (2:30 – 6:30 pm) M T W Th F	
Student Name:	Start Date:
Before school: \$5.50 (6 – 7:30 am) M T W Th F	
Hourly after school: \$6.50 (2:30 – 3:30) M T W Th F	
After school: \$11.50 (2:30 – 6:30 pm) M T W Th F	
Non school days can be added as needed. Full day rate is \$36 for 1 <sup>st</sup> child and \$34 for additional children.	

## KidKare Non School Day ONLY Contract (Kindergarten – 6<sup>th</sup>)

Student Name:	Start Date:
Student Name:	Start Date:
Student Name:	Start Date:
This contract is for those who will only attend KidKare on days when school is NOT in session. Full day rate is \$36 for 1 <sup>st</sup> child and \$34 for additional children.	

## Party Responsible for Payment on Account

Parent/Guardian \_\_\_\_\_

## Acknowledgement

I hereby agree to release Independent School District #877, Buffalo Hanover Montrose Community Education and KidKare staff from any liability related to accidents or injuries that may occur during the KidKare program. In the event of an emergency, I give my permission to KidKare staff to secure medical help, including the services of a rescue squad or emergency room of the nearest health care facility. I understand that I will be responsible for all medical expenses.

I must enter the building and sign my child(ren) in and out and make contact with a staff person before I leave with my child(ren).

I must turn in a Change of Attendance form, or change my contract online by the Friday before the week of care if changes are needed.

Payment is due by the Friday of the week of care. Care may be discontinued if my balance remains unpaid for more than 2 weeks.

My child can leave the school premises under proper supervision for walks or field trips in an authorized vehicle (school bus or van).

My child can be included in pictures and publicity connected with the KidKare program.

My child can apply sunscreen lotion and/or bug repellent to him/her self under the direction of KidKare staff.

KidKare staff may exchange information with the school teachers and district personnel working with my child/ren.

It is my responsibility to notify KidKare staff of any changes in family information or schedule changes for my child/ren.

The KidKare parent handbook is online and it is my responsibility to reference this information and understand the policies and procedures which are to be followed while enrolled in KidKare.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_