



BUFFALO • HANOVER • MONTROSE

Summer 2020 Contract

Family Information

| | |
|------------------------------------|--|
| Parent/ Guardian #1 | Parent/Guardian _____ |
| | Address _____ City/Zip _____ |
| | Email _____ |
| | Home Tel _____ Work Tel _____ Cell _____ |
| Parent/ Guardian #2 | Parent/Guardian _____ |
| | Address _____ City/Zip _____ |
| | Email _____ |
| | Home Tel _____ Work Tel _____ Cell _____ |

Child Information

KidKare must have a copy of your child's action plan and access to inhalers or Epi pens. (KidKare staff do not have access to the school health office.) If your child has an IEP, we request a copy be given to the site lead supervisor.

| Child's Name | Date of Birth | Grade | School | T-shirt size |
|--|--|-------|--------|--------------|
| 1. | | | | XS S M L XL |
| Health concerns/allergies/diet restriction: | 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 Summer 2020. It is my responsibility to notify KidKare in the event that any information provided change through August 2020.

Parent Signature: _____ **Date:** _____



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WEEKLY CONTRACT SCHEDULE

My child(ren) will attend KidKare at:

☐ Parkside (All Buffalo students) ☐ Hanover ☐ Montrose

Family Registration fee: \$50 (\$40 if registered before April 6, 2020)

KidKare Schedule (Ages 3-Grade 6)

| Student Name: | Start Date: |
|---|-------------|
| Full day: \$36 | M T W Th F |
| ½ day: \$25 <input type="checkbox"/> AM <input type="checkbox"/> PM | M T W Th F |
| Hourly \$7 (must be 3 hours or less) | M T W Th F |
| Student Name: | Start Date: |
| Full day: \$34 | M T W Th F |
| ½ day: \$23 <input type="checkbox"/> AM <input type="checkbox"/> PM | M T W Th F |
| Hourly \$6.50 (must be 3 hours or less) | M T W Th F |
| Student Name: | Start Date: |
| Full day: \$34 | M T W Th F |
| ½ day: \$23 <input type="checkbox"/> AM <input type="checkbox"/> PM | M T W Th F |
| Hourly \$6.50 (must be 3 hours or less) | M T W Th F |

ALL accounts will be set up for auto payment. Charges will be processed on your account Friday morning of the week of care. Charges will be assessed according to the schedule on the Summer Contract **unless** a change is made online by the Friday prior to the day of care. Absences will not be reimbursed.

Drop in care will only be provided if staff/student ratio's allow room for your child. The hourly rate will not be applied to any drop-in care. Children coming as drop ins WILL NOT be allowed to go on field trips planned for that day.

Party Responsible for Payment on Account:

Parent/Guardian: _____

Card Number: _____

Expiration Date: _____

Credit Card Security Code (CVV) _____

Authorization:

I authorize KidKare/KinderKids to obtain and/or release specific information related to my child from BHM District staff. This information can include Health Records; Medical Records; Teacher, Counselor, Staff Observations; Special Education Records; Social Work Reports (where applicable). I understand this authorization takes effect upon acceptance of my child's contract and cannot exceed one year and can be stopped any time by written request to KidKare staff. By selecting yes, I agree that relevant information can be shared between KidKare and other District 877 staff. By selecting no, I do not agree to have this information shared. _____ Yes, I authorize _____ No, I do not authorize

Acknowledgements:

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.

Parent Signature: _____ **Date:** _____

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

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 change my contract online, or let KidKare coordinator know by the Friday before the week of care if changes are needed to my child's schedule.

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/herself under the direction of KidKare staff.

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.