

Kids World

2018-2019 School Year Contract

Office Use Only
 Registration Fee \$25 _____
 Deposit: \$50/Family
 Calendar _____ TEC _____

Child's Name :	Grader:	Teacher:
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Birthdate:	Male / Female	School:
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Address:	City:	State:
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Rates :

<input type="checkbox"/> Before School (6:30 am-School begins) Circle Days: M / T / W / TH / F	\$5.25/day
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<input type="checkbox"/> Before School McKinley Preschool students (6:30-8:45am)	\$5.85/day
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<input type="checkbox"/> Half Session After school (Dismissal-4:30pm) Circle Days: M / T / W / TH / F	\$5.25/day
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<input type="checkbox"/> Full Session After School (Dismissal-6pm) Circle Days: M / T / W / TH / F	\$10/day
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Drop-In Rates (Less than 1 week notice):

<input type="checkbox"/> Before School (6:30-school begins)	\$5.80/day
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<input type="checkbox"/> Half Session After School (Dismissal-4:30pm)	\$5.80/day
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<input type="checkbox"/> Full Session After School (Dismissal-6pm)	\$12/day
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* I understand I am enrolling my child in McKinley Munchkins and will complete and turn in a calendar 1 week in advance of care needed. Otherwise pay the drop-in fee.

* I understand that I am responsible for all days on my child's calendar & that there are no sick/vacation days. Therefore days cancelled with less than a 1 week notice will still be billed at the session rate.

* I understand that I am responsible for full payment of child care according to my bill. Payments must be paid by the due date or a \$5.00 late fee will be assessed.

* A \$30.00 charge will be assessed & billed at the end of the month for returned checks (NSF). Accounts turned into collections will follow the terms in your signed financial policy form.

* I understand that if I fail to call when my child is absent that I will be charged a \$5.00 finders fee.

* I will update my children's file information immediately with any changes in phone numbers, address and emergency contacts, etc.

* I give my permission to the McKinley Munchkins staff to take whatever emergency measures are judged necessary for the care and protection of my children while under the supervision of Kids World staff. I authorize MCKinley Munchkins/ Kids World staff to notify emergency personnel in the case of life threatening injuries or injuries that may result in permanent damage. This may be done before the physician, an emergency contact or I am notified. If ambulance service is required it will be at the expense of parents.

* I give my consent for my children to take part in field trips or excursions under proper supervision.

* I give my consent to have pictures taken and used of my children by the News Media and McKinley Munchkins/Kids World staff for the purpose of program information and promotion.

* I have read and understand the information contained in the handbook.

* Families receiving child care assistance must verify this in writing from your county worker before your child can begin. You are responsible for any charges not covered by CCAP. Please contact KW office for an additional CCAP form.

* Any account with a credit of \$15 or less must request the refund within 30 days of ending the program. After 30 days the account will be brought to a \$0

Person responsible for account:	Relationship to child:
Parent Signature:	Date:

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Child's Name	Birtday:	Teacher/Class:	School:
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Mother's Name	Home Phone:	Cell Phone:
Address:	City:	Zip Code:
Email:		
Employer:	Work Phone:	

Father's Name	Home Phone:	Cell Phone:
Address:	City:	Zip Code:
Email:		
Employer:	Work Phone:	

Child Lives With (Please Circle): Mother & Father Mother Father Other _____

Who will bring the child to Kids World in the morning? _____

Who will sign the child out from Kids World in the afternoon? _____

Is there anyone that can NOT pick up the child? _____ (KW must have court documentation on file)

Authorized people to pick up child and be called if parents cannot be reached:		
Must have a minimum of 3 names and phone numbers		
Name:	Phone:	Relationship to child:
Name:	Phone:	Relationship to child:
Name:	Phone:	Relationship to child:

Does your child have any ALLERGIES ?	___ NO	___ YES (Please explain and provide a Dr. Note)
Explain: _____		

Does your child have a current IEP or 504 plan?	_____ No _____ Yes
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Does your child have any Special needs, behavior concerns, chronic or recurrent illnesses, disorders, etc (ADD, ADHD, EBD, Asthma, Abuse, etc)? Does your child require a 1:1 para during the school day? Anything you provide us just aides in the success of your child.
Explain: _____
Does your child take any medication for the above condition? ___ No ___ Yes _____

Doctor : _____
Dentist: _____

* I hereby give my permission to McKinley Munchkins/ Kids World staff to secure medical help, including the services of the Rescue Squad and/or Emergency Room in the event of an emergency. I agree to pay all costs and fees contingent on any medical care and/or treatment for my child/children as secured or authorized under this consent.

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Signature: _____

Child's Name	Birtday:	Teacher/Class:	School:
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Field Trip Permission

I, the parent/guardian of this child, do hereby grant permission and authorize the child to participate in field trips, walking trips, swimming trips and/or other activities sponsored by Kids World. I understand that the child named above will be under Kids World staff supervision throughout the time of these trips. I understand that my child is required to wear the provided KW shirt when leaving the site. If my child does not have their provided KW shirt for a field trip - a shirt will be rented for \$5 per use and billed to the family account.

T-shirt Size:	YS	YM	YL	YXL	I give permission for my child to attend fielt trips?
	AS	AM	AL	AXL	

I give permission for my child to walk to and from activities within the same facility where Kids World is offered without supervision.

YES

NO

My child's swimming ability for Kids World Field Trips:

_____ My child can NOT participate in swimming activities.

_____ I will provide a life jacket that my child must wear at all times.

_____ My child can swim in shallow water (less than 3ft) independently but MUST WEAR a life jacket for deeper water that I will provide.

_____ My child is able to swim independently in any depth of water.

I give permission for my child to apply sunscreen and/or bug spray under the direction of Kids World Staff. I understand that it is my reponsibility to supply sunscre (25 SPF or higher) and/or bug spray from home if needing something other then provided by Kids World. Kids World staff will encourage children to reapply sunscreen as needed throughout the day. I fmy child needs assistance reapplying sunscreen, I give permission for Kids World Staff to help my child.

_____ My child may use Sunscreen provided by Kids World.

_____ I will provide sunscreen for my child

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Parent Signature:	Date:

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* All information provided will be entered into out billing system

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