

2018-19 KIDS CONNECTION/JUST 4 KIDS

CONTRACT/RELEASE FORM

Use one contract/release form per child.

Primary Email Address _____ *This is what you will use to log into your online account.*

Child's Last Name _____ Legal First Name _____ MI _____ Date of Birth _____ Grade/Age (2018-19) _____

School Year Location
 CCCS EBCS
 SFES LLC Only

Parent/Guardian Information

Parent 1 Last Name _____ First Name _____ Home Phone (_____) _____

Work Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Home Address _____ City _____ Zip _____

Parent 2 Last Name _____ First Name _____ Home Phone (_____) _____

Work Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Home Address _____ City _____ Zip _____

Please check one:

Registration Fees	By August 1	After August 1
One child	\$35.00 <input type="checkbox"/>	\$35.00 <input type="checkbox"/>
Each add'l child	\$10.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>
Current summer families (1st Child)	\$15.00 <input type="checkbox"/>	\$35.00 <input type="checkbox"/>

- I will pay weekly for childcare services with cash or check.
- I will pay all childcare fees via autopay and have attached an automatic payment form.
- I will pay weekly online with my credit card.
- I have a credit card number on file and I request all childcare fees be applied to this card.

Kids Connection (K-5) Times your child will attend	Please check days of attendance					Rates
	M	T	W	Th	F	
Before school, 6:00 a.m.–school start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 day per week = \$10.50 2-4 days per week = \$10.00 per day 5 days per week = \$47.50 weekly
After school, end of school–6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 day per week = \$10.00 2-4 days per week = \$9.50 per day 5 days per week = \$45.00 weekly
Before and After school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 day per week = \$18.50 2-4 days per week = \$18.00 per day 5 days per week = \$87.50 weekly

Drop-In Care for Kids Connection and Just 4 Kids add \$2.00 to daily rate <i>NOTE: A call must be made to the site to check availability.</i>	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	Add \$2.00 to ALL rates
	<input type="checkbox"/>	<input type="checkbox"/>	

Just 4 Kids Times your child will attend <i>Please include your child's immunization record with registration.</i>	Please check days of attendance					Rates
	M	T	W	Th	F	
Weekly care 6:00 a.m.-6:00 p.m.	<input type="checkbox"/> Monday-Friday					Fixed rate of \$165.00 each week
1-4 days per week 6:00 a.m.-6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixed rate of \$36.00 per day
A.M. (registered for afternoon PP15) 9:00 a.m.-12:35 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixed rate of \$15.50 per day
P.M. (registered for morning PP15) 11:30 a.m.-3:15 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixed rate of \$15.50 per day
Before school, 6:00 a.m.–school start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 day per week = \$11.00 2-4 days per week = \$10.50 per day 5 days per week = \$50.00 weekly
After school, end of school–6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 day per week = \$10.50 2-4 days per week = \$10.00 per day 5 days per week = \$47.50 weekly
Before and After school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 day per week = \$19.50 2-4 days per week = \$19.00 per day 5 days per week = \$92.50 weekly

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My child _____ has participated in Early Childhood Screening:

_____ Last Name, Legal First Name

No

Yes Date _____ Location _____

Allergies: Food Drug Plant Animal Insects Other _____

Please explain allergies _____

Allergy treatment _____

Are you currently active Military? No Yes Which Branch? _____

Please indicate any information about social, emotional, physical or nutritional needs that Kids Connection should know to meet your child's needs. The goal for all children is to participate independently and have a meaningful experience in the program.

Failure to disclose any specific needs or conditions your child has may result in delayed entry into the Kids Connection Program or suspension of care until appropriate arrangements can be made.

By signing this I acknowledge the registration fee is non-refundable. I agree to pay the above **rates per the schedule marked above**. I have read the information on the reverse side and the program policies in the Parent Handbook. I agree to follow these policies and make tuition payments as scheduled in the Parent Handbook. I further acknowledge that my child will no longer be able to continue the program if the commitments are not met, or special arrangements have not been agreed upon by the Program Supervisor.

Parent/Guardian Signature

Today's Date

Terms and Conditions of Contract

- I agree to pay the rates per the schedule marked on the contract. If I need to make changes to the schedule I will complete a Change Form 10 business days prior to the schedule change. My account will be charged the weekly fees on a continuing basis until these changes are applied to my account. Additional days may be added as needed based on space availability within the Kids Connection program.
- Any changes in the contract must be approved by the Site Instructor and Program Supervisor.
- Fee credit will not be given for times when children leave Kids Connection to participate in other programs.
- Ten (10) business days written notice of withdrawal is required: if notice is not given, tuition fees will be charged.
- The fees listed on the form do not include Non School Days or 90-Minute Late Start/Staff Development Days.
- Please drop off payments on site, pay online or mail to: Kids Connection, 21108 Polk Street NE, East Bethel, MN 55011
- ***Your copy of this form is your billing. No other billing invoices or statements are required of Kids Connection.***

Additional Fees

- A \$10.00 late fee may be charged per family per week tuition is late.
- A \$1.00 per minute late fee will be charged per family after 6:00 p.m. Repeated late pick-up may result in removal from the program.
- An initial \$35.00 registration fee per child or \$10.00 per each additional child must be included with the registration. The registration fee is not refundable.
- Additional charge of \$32.00 for each Non School Day. This fee is payable upon registration and is not refundable.
- Additional charge for each Wednesday Staff Development 90-Minute Late Start day. This fee is payable upon registration is not refundable.
- Contract Change Fee: \$15.00 (per family). Please complete a Change Form to make changes to your current contract.
- Finders Fee: \$10.00—If your child does not report to Kids Connection immediately after school, and is not reported directly to Kids Connection staff as absent for the day, a fee of \$10.00 will be applied to your account. If your child does report to Kids Connection on a day that is not scheduled, Kids Connection staff will call to confirm attendance and a \$10.00 fee will be applied to your account.

Consent

I give my consent for student information and records to be shared between Kids Connection/Just 4 Kids staff and other St. Francis Area Schools employees. This information includes, but is not limited to: health records, official school records, special education records and teacher/social worker/staff observations. I understand that the information will be shared for the purpose of planning services and assisting staff in providing my child with a successful Kids Connection/Just 4 Kids experience. I understand that this consent will expire one year from the date of the signature and that I may cancel this consent at anytime, in written form.

Serious Accident/Illness

In case of serious accident/illness, I authorize Kids Connection to call 911 **before** notifying me or my physician. If an ambulance is necessary, I understand Kids Connection will not be held responsible for any costs this action may incur.

Field Trip and Transportation:

My child has permission to accompany Kids Connection on field trips, including walking trips. This permission is given with the understanding that transportation may be provided by school buses or public transportation. I also understand that children will be supervised by Kids Connection staff throughout the trip.

I consent to participation by my child in the Kids Connection field trips and assume the risk of injury arising from such participation. I recognize the St. Francis Area Schools does not carry health or accident insurance or other insurance for medical hospitalization expenses arising from such injuries. I hereby agree to indemnify, and hold the St. Francis Area Schools, its officers, directors, agents, and employees harmless for any claim of liability for injuries to the enrollee resulting from all acts of negligence on the part of such St. Francis Area Schools, its officers, directors, agents or employees arising from participation of the child in the program; provided such agreement shall not limit the liability of St. Francis Area Schools, its officers, directors, agents or employees for intentional, willful or wanton acts.

Medication

Medication will be administered under limited circumstances when prescribed or authorized by a physician. All medications must be given to Kids Connection staff in the correct, most recent, prescription bottle. Oral medical forms must be filled out before any medication is given. Forms are available at your Kids Connection site and online.

Publicity Release Permission

I, the parent/guardian, grant Kids Connection my permission to use photographs/videotapes of the aforementioned child (full names of children will not be used) for public relations and/or informational publications for the program/district only.

School Closings/Open or Late Start:

- I acknowledge Kids Connection will be closed on days when school is closed due to inclement weather.
- I acknowledge if school starts 2 hours late, Kids Connection will open 2 hours late, 8:00 a.m.
- I acknowledge if school closes early, Kids Connection will not be open for after school care. I further acknowledge Kids Connection staff is not responsible for calling me to report an early closing.

Sunscreen Permission

I authorize Kids Connection staff to assist with the application of sunscreen (that I supply) on my child. I understand Kids Connection does not supply sunscreen. If I do not supply sunscreen, Kids Connection will not apply sunscreen on my child.