

St. Christopher School
Kids Kare Program 2016-2017
693-5604 before 3:00 / 573-6380 (KK cell) after 3:00

The St. Christopher School Before/After School program offers a safe, happy and well supervised environment where children can play and work. The Before School Program is available each school day starting at 7:00 am. The After School Program is available each day (unless specified) until 5:30 pm. Late pick-ups (after 5:30 pm) will result in a penalty charge (see below). There will be a **registration fee of \$10.00** when a child is signed up for the kids kare program.

Program Costs: (Applies to all students in attendance from Pre-K - 8th Grade)

Program Fees:	One Child	Two Children	Three+ children
After School:	\$11.00	\$19.00	\$22.00
Half days:	\$16.00 p/u after 2:30 \$11.00 p/u before 2:30	\$27.00 after 2:30 \$19.00 before 2:30	\$32.00 after 2:30 \$22.00 before 2:30
Sports/Clubs:	0-45 minutes at KK \$5.00		

*If a child is picked up before 3:15 pm (12:00 half-days) 0-45 minutes, the charge is \$5.00/one child \$7.50/two children or \$10.00/three + children.

If a child is going to or coming from practice or a club once KK has started and has been in attendance 0-45 minutes, a \$5.00 charge will occur. Any time spent at KK more than 45 minutes will be the full charge.

Payment Information:

The program is designed to provide responsible and effective supervision for all children attending. In order for us to be properly staffed at all times, we ask that you adhere to these guidelines:

1. Registration Form must be on file on the first day or prior to the first day in attendance.
2. All accounts must be current in order to maintain enrollment in the program.
3. Penalty fee for late pick-ups after 5:30 are as follows:

Each minute late will incur \$1.00 fee per minute
4. Billing will take place mid-month. (2 weeks after the start of the school and mid-month after that.) Payment is due upon receipt or but no later than 15 days of the invoice. Checks payable to St. Christopher School with kids kare in the memo box or labeled on the envelope. Do not combine this payment with any other payment (i.e.-lunch, tuition etc.). ACH will be available for payment and would be withdrawn on the last day of the month. Please contact Mrs. Rickert at 692-2660 x 219 for more information. ***** If a balance is not kept current, the child will not be able to attend the after school program until the balance is paid.**

Registration Information:

Family's LAST name _____

Name(s) of children needing before/after program

Grade:

Parents/Guardians _____

Address _____

City _____ Zip _____ Phone _____

Mother's Cell _____ Father's Cell _____

Mother's employer _____ phone _____

Father's employer _____ phone _____

Please list all persons allowed to pick up your child(ren)
(You must include Parents/Guardians names if they will be picking up)

_____ Relationship: Mother

_____ Relationship: Father

_____ phone _____ Relationship _____

_____ phone _____ Relationship _____

Please list all persons who should NOT pick up your child(ren)

_____ phone _____ Relationship _____

_____ phone _____ Relationship _____

If parents/guardians cannot be reached, who should be called in case of emergency??

1. Name: _____ cell phone _____

Relationship _____ home phone _____

2. Name: _____ cell phone _____

Relationship _____ home phone _____

Please list any:

Allergies (specify which child): _____

Other conditions we should know _____

**If your child requires an Epi Pen, one must be provided for KK use only. We will not have time or access to get one out of the nurses office.

Parent/Guardian signature: _____ Date: _____

BY SIGNING THIS FORM YOU GIVE YOUR PERMISSION FOR EMERGENCY MEDICAL TREATMENT OF YOUR SON/DAUGHTER.

Please provide the name and contact information for the parent/guardian responsible for after school program payments. ** Please note in the case of split families, one parent must be responsible for billing and payment.

Name: _____

Cell Phone: _____

Home Phone: _____

E-mail: _____

Payment Procedure:

Invoices will be mailed home the first week of the following month of attendance. Payment is due upon receipt but no later than 15 days of the invoice. Please make checks payable to St. Christopher School with kids care in the memo box or labeled on the envelope; please do not combine this payment with any other payment (i.e.-lunch, tuition etc.).

***** If a balance is not kept current, the child will not be able to attend the after school program until the balance is paid.**

Pick-Up Procedures:

When picking up your child, you must come into the building and locate the ADULT worker who will be in possession of a clip board. The **worker** will mark the time of arrival and you must sign out EACH of your children.

It is the parent's responsibility to verify that the time has been entered by the ADULT worker and that your signature is listed by each of your children. Signature **MUST** be legible. If a signature is not completed, full charge will be assessed at billing.

It is also the parent's responsibility to make sure that anyone you have designated as being allowed to pick up your child during the registration process is aware of these procedures.

PARENTS ARE NOT TO LEAVE WITH THEIR CHILD WITHOUT CONNECTING WITH THE ADULT WORKER AND SIGNING OUT.

I have read, understand & agree to the above St. Christopher Before / After School care agreement.

Signature

Date

Printed Name

For office use:

<input type="checkbox"/> Registration fee paid \$_____	Cash _____	Check # _____
<input type="checkbox"/> Account is in current status		
<input type="checkbox"/> Approved for participation		