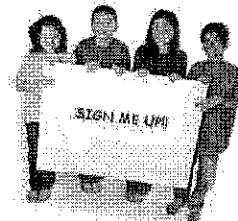


KID'S CASTLE- BEFORE & AFTER SCHOOL PROGRAM

2017-2018 SCHOOL YEAR REGISTRATION PAPERWORK

The following completed forms and the registration fee are due a minimum of 3 business days before your child may start the program.

1. Arrival/Release Agreement
2. Attendance and Payment Contract
3. Participation Agreement
4. Child Enrollment and Health History Form
5. Child's Immunization Record- www.dhfs.wisconsin.gov



Please review and keep the Program Information/Guidelines Document in this packet.

REGISTRATION FEE (NON-REFUNDABLE):

Forms and fee received by July 21st= \$45.00 per child. Forms and fee received after July 21st= \$60.00 per child. Incoming kindergarten student's forms and fee received by August 23rd= \$45.00 per child.



NEW!! COMBINED REG FEE- If your child participates in the Kid's Castle School Age 2017 Summer Camp (Nash or Whittier locations only) & the 2017-2018 Before & After School Program, you can submit both Registration Agreements and pay a combined Registration Fee!

Forms and fee received by April 28th=\$80 per child. Forms and fee received by May 15th=\$100 per child.

PROGRAM REQUIREMENTS: Please note that you must meet the 2 day per week minimum unless you are signing up for 2 half day (early release) Fridays per month or signing up for drop in services (higher daily rates apply for drop in services- please see attached pricing sheet).

Child's Name: _____

Child's School Name: _____

Main Contact's Email Address: _____

Kid's Castle Before & After School Program Office
4217 Green Bay Road
Kenosha, WI 53144

Please contact us with any questions at 262-652-8287!

Office Use Only:

Received On: _____

Reg Fee Pd. _____

KID'S CASTLE ARRIVAL / RELEASE AGREEMENT

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center.

- Complete the Arrival Instructions Section IF your child only attends the Kid's Castle **After** School Program.
- Complete the Release Instructions Section IF your child only attends the Kid's Castle **Before** School Program.
- Complete both the Arrival and Release Instructions IF your child attends **BOTH** the Kid's Castle **Before & After** School Programs.
- Complete the Kid's Castle Transportation Section if your child attends the Kid's Castle **After School Program at the North Side location.**

Please note: If your child attends any extracurricular activities (such as Safety Patrol, tutoring, Choir, Boy/Girl Scouts, etc.) during Kid's Castle Before & After School time an additional form published by the Wisconsin Department of Children and Families called Alternate Arrival / Release Agreement- Child Care Centers will be required.

***ARRIVAL INSTRUCTIONS (PM Programs)**

My child, _____, will arrive at Kid's Castle After School Program from School/Classroom by way of walking at school's dismissal time on the days indicated on the Kid's Castle attendance sheet. I understand that my child will arrive to the Kid's Castle After School Program without center supervision.

***RELEASE INSTRUCTIONS (AM Programs)**

My child, _____, will leave Kid's Castle Before School Program by way of walking to go to the school play yard where KUSD school supervision is available (approximately 10 minutes before school start time) on the days indicated on the Kid's Castle attendance sheet. I understand that my child will travel to this destination with center supervision.

***KID'S CASTLE TRANSPORTATION (North)**

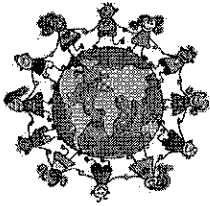
My child, _____, will arrive at the Kid's Castle After School Program- North Side (4211 Green Bay Road) by way of Kid's Castle Bus or First Student Bus on the days indicated on the Kid's Castle attendance sheet. I understand that my child will walk from their school building to the bus unescorted and enter the Kid's Castle building unescorted.

PLEASE LIST ANY SPECIAL INSTRUCTIONS:

I UNDERSTAND I MUST HAVE AN AUTHORIZED PERSON AT LEAST 16 YEARS OF AGE SIGN MY CHILD IN/OUT OF THE KID'S CASTLE PROGRAM ON THE DAYS INDICATED ON MY MONTHLY CALENDAR. I UNDERSTAND THAT I AM RESPONSIBLE FOR NOTIFYING KID'S CASTLE OF ANY CHANGES TO THE ATTENDANCE AGREEMENT, SUCH AS DAYS WHEN MY CHILD IS ILL OR VACATION DAYS.

(Parent Signature)

(Date)



Kid's Castle Before & After School Programs

2017-2018 SCHOOL YEAR PAYMENT & ATTENDANCE CONTRACT

CHILD'S NAME & SCHOOL _____

1. I understand that enrollment is on a month to month basis, and I am charged for days signed up on my monthly calendar & any days that are added later. I agree to turn in my monthly calendar between the 15th and 25th of each month for the upcoming month. I understand that if my calendar is not submitted by 6 PM on the 25th I will be charged a calendar late fee of \$25 for each month my calendar is late. If my calendar is not received by the 1st of the month, I will be charged drop in rates each day my child attends. If my calendar is not received by the 5th of the month, my child will be unenrolled as of the beginning of the next business day. To reenroll I must contact the Kid's Castle office to discuss.
2. I understand that if I wish to withdraw my child from Kid's Castle School Age Programs it will be done on the last day of the month. I understand that I will not be given a credit/adjustment for days my child is signed up on the monthly calendar but does not attend. Exceptions may be made on a case by case basis, must be approved by the Director, and may require documentation such as a Doctor's note for hospitalization or proof of job change. Kid's Castle will not issue credits for days your child is absent from school for minor illnesses. We do not switch days after the calendar due date. I am aware that if I need to change my schedule after the calendar due date, I will be charged additionally for the new days.
3. I agree to sign up and pay for at least 2 days each week (exceptions are weeks that are partial weeks or weeks that have full days of care or Kid's Castle is closed), or sign up for at least 2 half (early release) days per month to meet the minimum program requirements. If I cannot provide a whole month's calendar by the specified due date and/or I need infrequent childcare services, I agree to sign up for the drop in childcare service option. I understand and agree to pay the higher daily drop in service rates for this option. I also understand that I will need to call in advance to make sure there is space available to add my child to the program for the day and that childcare services are not guaranteed. Fees for Drop In days are due on the day services are rendered. Based on this information I will be utilizing Kid's Castle's Drop In Service _____ (yes or no).
4. I understand that tuition/Parent Share is due on or before the 1st of every month for that specific month. (Ex. Tuition is due on March 1st for March services). I understand that if tuition is not paid in full for the month by the 15th my child will be unenrolled as of the 16th of the month and child care services will be suspended. To reenroll, my account must be paid in full including a \$25 reenrollment fee. Exceptions may be made on a case by case basis, must be preapproved by the Director, and may require a new signed payment contract.
5. I understand registration fees are non-refundable and are due at time of registration. However, I understand my child's enrollment in the Kid's Castle School Age Programs may be suspended or terminated effective immediately for failure to abide by this contract, failure to pay required fees by specified due dates, failure to follow center policies and procedures as outlined in the Kid's Castle School Age Programs Policy Book or failure to comply with DHFS license requirements. I understand that if child care services are suspended I may be charged to \$25 reenrollment fee to secure child care services again, due at time of reenrollment. I understand that if my child care services are terminated I may not be eligible to reenroll at any point in the future in any Kid's Castle Child Care Program.
6. I must provide all required registration paperwork including my child's immunization record. I understand that it is my responsibility to keep my child's paperwork current. If any changes occur, I will notify the program office and the Kid's Castle site staff in writing of these changes (for example: changes in phone numbers, address, child's allergy or special concerns, emergency contact or authorized pick up information, etc.)
7. I understand that Kid's Castle Before School Program will open at 6:30 a.m. at each location that has a morning program. All After School Program locations and Full Day of Care locations close at 6 p.m. If I pick up my child after

the closing time of 6:00 p.m., a late fee of \$5.00 for every 5 minutes will be applied to my account. Chronic late pick-ups may be grounds dismissal.

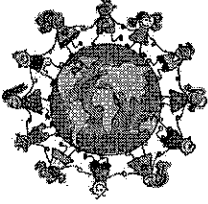
8. I am aware that I need to provide a nutritious lunch on ½ days or full days of care. If lunch must be provided by Kid's Castle, my account will be charged a \$6.00 Lunch Fee.
9. I am aware that my child must be signed in and signed out from the program every day by an authorized person at least 16 years of age or older using actual times and by providing a signature.
10. I am aware that I need to call the Kid's Castle School Age Program and report an absence every day that my child will be absent from the program. I understand that I am responsible for notifying Kid's Castle of any changes to the monthly attendance calendar, such as days when my child is ill or when my child will not be attending the program as scheduled.
11. I understand that my account must be kept current otherwise Kid's Castle School Age Programs reserves the right to terminate childcare services for my child and may withdraw my child from the program effective immediately. If it becomes necessary to send your account to a collection agency, we may charge you a \$15.00 Collections Fee.
12. I understand that I can pay via cash, check, money order, credit card (1.75% fee), or ACH payment. I understand that there is an additional charge of \$34.00 for each Returned Item Fee that is returned to us from the bank for any reason such as insufficient funds, stop payments, etc.
13. I understand that Kid's Castle requires a minimum number of 10 students per day to operate a program or provide transportation services to or from a school. If the number of students per day requirement is not met, I understand Kid's Castle may discontinue child care and/or transportation services within 2 weeks after notification to parents.
14. I am aware that I need to review the Kid's Castle School Age Programs Policy Book for additional fees and policies that may apply. I agree to abide by policies stated therein, including all fee/payment policies, regardless if I have decided not to read the Kid's Castle School Age Program Policy Book.
15. I am a part of the State's Wisconsin Shares Program _____ (yes or no). If yes, I agree to initiate payment to the Kid's Castle School Age Programs from MYWIChildCare EBT EDGE on the 1st of every month for the month prior to care being rendered by calling 1-877-201-7601 or logging into www.ebtedge.com. (ex. EBT payment due on March 1st for March services) I understand that if I do not make my EBT EDGE payment (WI Share) by the 3rd of each month for that specific month child care services will be suspended. For child care services to be reinstated my EBT EDGE payment must be made. Kid's Castle may require a confirmation number (given to you when EBT EDGE payment is made) for any payment made.
16. I understand that all Parent Share (formerly called co-payment) are due on the 1st of each month for the whole month and not later than the 15th of the month (see #3).
17. I understand that I am responsible for my child care assistance authorization. I understand that Kid's Castle does not have access to my Wisconsin Shares authorization. If my authorization should change or end I am responsible for the full parent share/tuition based on my child's monthly calendar. I understand that if I have questions about my child care authorization, need to request additional time/changes to my authorization, etc. I will contact my case worker at the Wisconsin Child Care Assistance Program. The MyWIChildCare EBT EDGE is accepted as a form of payment by Kid's Castle School Age Programs. Kid's Castle may request a verification of my authorization.
18. I understand that no refunds will be provided for any amount paid from MyWIChildCare EBT EDGE. I understand that I should authorize payment for child care for an amount not more than my total monthly charges. Should an overpayment be made, Kid's Castle will contact the parent to try to correct the issue. Credit balances may be owed back to the state, and may not roll over to the next month.

I have read, understand, and agree to abide by all the above information.

X _____
Signature

Print Name

Date



Kid's Castle Before & After School Programs
2017-2018 PARTICIPATION AGREEMENT

GENERAL MEDIA RELEASE:

I hereby release, consent and authorize Kid's Castle Before & After School and its agents to use my child's photograph/likeness/voice as it pertains to their participation in any Kid's Castle School Age Program, in any manner for promotional efforts without n expectation of or any right to any reimbursement in connection with its use.

_____ (YES OR NO) _____ (SIGNATURE)

RELEASE OF INFORMATION:

I agree to allow Kid's Castle Before & After School Staff to share/obtain information with/from KUSD School Staff as it pertains to their enrollment and participation in any Kid's Castle School Age Programs. This includes but is not limited to obtaining copies of my child's immunization records, Individual Education Plans, etc.

*****I understand that if I do not agree to this statement that I may be responsible for providing copies of required and/or requested documents to have my child enrolled in the Kid's Castle School Age Programs.***

_____ (YES OR NO) _____ (INITIALS)

AGREEMENT TO PARTICIPATE IN ACTIVITES:

I give permission for my child to participate in all Kid's Castle School Age Program activities both on and off site, including all field trips both transported and walking on any day designated on their monthly calendar. Notice for any field trips/off site activities will be given in advance by Kid's Castle School Age Program Staff.

_____ (YES OR NO) _____ (INITIALS)

****TO COMPLETE YOUR REGISTRATION PAPERWORK, YOU MUST ALSO COMPLETE A CHILD ENROLLMENT & HEALTH HISTORY FORM. AVAILABLE SEPARATELY. ****

KID'S CASTLE-BEFORE & AFTER SCHOOL PROGRAM 20167-2018 GENERAL INFORMATION & GUIDELINES

(Please detach and keep)

HOURS OF OPERATION-

Before School: Opens at 6:30 a.m. (all programs that have before school programs).

On-site children are released onto the school playground approximately 10 minutes before school starts or when there is KUSD elementary school teacher supervision on the playground. If there is a before school program at the Kid's Castle Green Bay Road location, the morning program ends either when the students are picked up by their First Student Bus or when they are dropped off at their school site by the Kid's Castle Bus.

After School: Open from school release time until 6:00 p.m.

***Hours of Operation subject to change per KUSD.*

The Kid's Castle Before & After School Program Office is located at 4217 Green Bay Road (next to Barth Storage Facility and across the driveway from the Kid's Castle Preschool). We are typically staffed Monday – Friday from 11 a.m. until 6 p.m. and can be reached at 262-652-8287.

MONTHLY CALENDARS-

A monthly calendar needs to be accurately filled out online or returned to us by the 25th of each month. The calendar is available online and in paper form by the 15th of each month. Please remember the days you select on the calendar are the days you are billed for (**no refunds and no switching of dates**). Please contact our administrative office if you need to add care for any additional days after your calendar has already been submitted. You will be billed for any additional dates and times. If a major change occurs to your monthly calendar, for example a permanent work schedule change or other extenuating circumstances, please contact the administrative office **immediately** at 262-652-8287.

If you do not turn in a monthly calendar by the due date, you will be charged a \$25.00 administration fee. If you do not turn in a calendar and it is the 1st of the month, you will be charged drop in rates for each day your child attends. If your calendar is still not received by the 5th of the month your child will be unenrolled from the program as of the start of the next business day. If your child arrives to our program after they have been unenrolled, we will escort your child to the school office and release them to the school office staff to have the school follow their KUSD school procedures for students who are not picked up at school dismissal. If you would like to re-enroll your child in our program at a future date, please contact our office to discuss. A \$25 reenrollment fee may apply.

Our program requires that you sign up for a minimum of 2 days per week (exceptions are weeks that are partial or weeks that include full days off of school or when Kid's Castle is closed) unless you are signing up for at least two of the ½ day (early release) Fridays or the drop-in service option.

Drop in childcare services is an option available to our families. If you cannot provide a whole month's calendar by the calendar due date for the upcoming month, or do not meet the program's minimum schedule requirements stated above, or if you need infrequent childcare services, then you will be designated as a drop-in service program participant. Drop in services have higher daily rates as outlined on the pricing sheet in the registration packet. Drop in service requires that you call in advance to make sure we can accommodate adding your child to the program for the day. If we can add your child to the program for the day, then your account will be charged the drop-in service rates. Please note that it is not guaranteed that we can add your child for the day until you speak with someone from the program administrative office to verify if there is space available at the program that particular day.

If you need to withdraw your child from the program, it can be done on the last day of the month. Notification of withdraw must be received by the 25th of the month for the upcoming month or a late calendar fee may still be applied to the account.

The AM Programs open at 6:30 a.m. for all locations that have a before school program. Please escort your child into the building and sign them in on the attendance sheet. A morning snack will be offered at the before school program until a specific time (please speak with the morning staff to determine the specified time for your child's site). KUSD may offer an optional breakfast program at the site for a cost to be determined by them and paid directly to them. If you want your children to participate in the KUSD Breakfast Program, please notify the Kid's Castle before school program staff at your child's site.

The 1st Hour option means that you must pick up your child from our program within 1 hour from school dismissal time. For example, if you select the 1st Hour option and your child attends Whittier: Whittier's school day ends at 2:25 p.m., you must pick up your child by 3:25 p.m. otherwise you will be billed an additional \$3.25.

The PM option means that you will pick up your child by 6 p.m., but after the 1st hour when school is dismissed.

Full Day of Care is generally available when KUSD schools are closed and Kid's Castle Before & After School Program is open. On these days, the program is available at 4211 Green Bay Road from 6:30 a.m. until 6:00 p.m. It is the parent's responsibility to drop off and pick up their child from this site. You must sign up for these days in advance on your

monthly calendar as staffing and activities are planned based on the number of children signed up. No same day add ons will be allowed. During full days of care, your child needs to bring a bag lunch. If children do not have lunches, food will be provided and your account will be charged a \$6.00 Lunch Fee. If there are special activities planned including field trips, you are responsible for dropping your child off before the departure time. No staff is left behind from field trips. If you miss the field trip departure time you will be responsible for bringing your child to the field trip location or finding alternate care for the day.

PAYMENTS

Payment is due for the entire month on or before the 1st of the month. All balances must be paid in full by the 15th of the month unless prior approval has been given in writing by Kid's Castle Administration. If your payment is not received in full by the 15th of the month your child may be unenrolled as of the beginning of the next business day. To reenroll your child, you must contact the main office. A reenrollment fee will apply. Payment can be made online (through iCare Parent Portal) by a credit card (1.75% fee) or by ACH (Check, no fee). If paying by check, please make checks out to *Kid's Castle Before & After School Program*. In the memo section of the check, please include your child's name to make sure your account is credited properly. Payment made by check may be given to the Kid's Castle Staff at your child's school. If you prefer to pay cash, please pay at our Kid's Castle Administrative Office so a receipt can be provided to you. If you need receipts for any type of payment, including checks, on a regular basis (other than the monthly invoice you receive), please contact us at 652-8287 to make this special request. Please note that the sibling discount rate applies to additional children only when multiple children are signed up for the same day and time.

Accounts not kept current may result in the student being discharged from the program. If it becomes necessary to send your account to a collection agency, your account will be charged a \$15 collection services fee.

EBT (WI SHARES PAYMENTS)

WI Shares/EBT payments are accepted as a form of payment by the Kid's Castle School Age Programs. Your EBT Edge payment is due on the 1st of the month for the entire month. If the payment is not received by the 3rd of the month your child may be unenrolled as of the beginning of the next business day. Please see the above section on "Payments" for information on how your Parent Share (Formerly known as Co-Pay) can be paid, and when it is due.

STATEMENTS

Statements are available to view or print on the Icare Parent Portal at any time. A copy of your current month's statement will be available at your child's Kid's Castle site around the 6th of the month. If any days/times are added to your calendar after the 1st of the month the additional charge for the added days/times may appear on your next month's statement.

AUTHORIZED DESIGNEES

A parent or authorized designee (who is authorized on your registration paperwork and at least 16 years old) will need to sign your child out from the after-school program by signing an accurate time and their name on the attendance sheet. If someone not listed on the application paperwork is going to pick the child up from the program on a specific day, a parent must let the appropriate site know in advance. This individual will need to present a valid ID with picture (i.e.: driver's license) to the teacher to be allowed to pick up and sign the child out from the program. Please make sure you communicate this information to the individual so they bring the correct information with them.

If you know you will be running late (6 pm or later) for picking up your child from the program, please call the site to let them know. If you are going to be later than 5 minutes, please contact a different authorized individual to pick up your child from the program. If you are chronically picking your child up after 6 pm or are excessively late on an evening, additional late pick up fees may apply and/or your childcare services may be terminated.

ABSENCES-

If your child is scheduled to be at Kid's Castle Before/After School Program on a particular day and is not going to be coming to the program that day, you will need to contact the Kid's Castle Before/After School Program Staff at your child's site in advance. If your child is going to be absent from school, you will need to contact both the school office and the Kid's Castle site staff to let them know. **Money is not refunded for days your children did not attend the program but were scheduled to be there.**

KID'S CASTLE WILL BE CLOSED FOR THE FOLLOWING HOLIDAYS (Days subject to change): September 4th, November 23rd, November 24th, December 25th, January 1st, March 30th, May 28th.

Please review the Kid's Castle Before and After School Program Policy Book located at each of our program sites for more detailed information and additional policies and procedures that apply.

Contact Us:

Main Office: 262-652-8287

Email: kidscastlewi@yahoo.com

Fax: 1-866-468-7940

Parent Portal: <https://kidscastle.icareparentportal.com>

Child Enrollment and Health History – Certified Child Care

Use of form: Use of this form is voluntary. However, completion of this form meets the requirements of DCF 202.08(9)(d), 202.08(12)(f) and DCF 202.09(7)(b). If you are both certified and licensed family child care, you are required to use the forms *DCF-F-CFS0062 Child Care Enrollment* and *DCF-F-CFS2345 Health History and Emergency Care Plan*. Failure to comply with program regulations may result in the issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions – Parent / Guardian: The parent / guardian shall fill out the form completely, sign it and submit it to the certified provider prior to the child's first day of attendance. Do not leave any fields blank. If they do not apply, enter "NA" or "none." The parent / guardian should maintain ongoing communication with the child care to ensure the information on this form is kept current. When enrolling a child under two years of age, a completed *DCF-F-CFS0061-E Intake for Child Under 2 Years – Child Care Centers* must also be on file prior to the child's first day of attendance.

Instructions – Child Care: The completed and signed form shall be obtained prior to the child's first day of attendance, maintained in the child's file on the premises, and available for review by the regulating agency. Review the form to ensure that no fields have been left blank. Pay particular attention to the Birthdate and First Day of Attendance fields, and check to ensure that the form has been signed by the parent and dated. The child care shall maintain a system of communication with the parent / guardian to ensure the information on this form is kept current. A section is available at the end of this form where the child care may record the dates they reviewed or updated the information on the form. When enrolling a child under two years of age, a completed *DCF-F-CFS0061-E Intake for Child Under 2 Years – Child Care Centers* must also be on file prior to the child's first day of attendance.

A. CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
Address – Home (Street, City, Zip Code)		
Telephone Number		

B. PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

1. Name and Relationship to Child	Email Address Where Reachable While Child is in Care
Home Address (Street, City, State, Zip)	Home / Cell Phone No.
Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.

2. Name and Relationship to Child	Email Address Where Reachable While Child is in Care
Home Address (Street, City, State, Zip)	Home / Cell Phone No.
Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.

C. AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

1. Name and Relationship to Child	Home / Cell Phone No.
Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
2. Name and Relationship to Child	Home / Cell Phone No.
Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.

D. EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes No This person is authorized to pick up the child.

Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

E. PHYSICIAN OR MEDICAL FACILITY

Name

Address (Street, City, State, Zip Code)

Telephone Number

F. HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Yes No Does your child have any special medical condition? If Yes, check all that apply.

Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

Food allergies – Specify food(s):

Gastrointestinal or feeding concerns including special diet and supplements. If the child has a medical condition, excluding food allergy, that requires a special diet including nutrient concentrates and supplements, attach the written authorization from the child's physician.

Non-food allergies – Specify:

Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

Asthma

Cerebral palsy / motor disorder

Diabetes

Epilepsy / seizure disorder

Other condition(s) requiring special care – Specify:

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medication is necessary, parental authorization is required and should be attached. The form DCF-F-CFSS0059-E Authorization to Administer Medication – Child Care Centers may be used by certified programs to comply with DCF 202.09(4)(f).

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.

G. AUTHORIZATION – SUNSCREEN / INSECT REPELLENT – If provided by the parent / guardian, the sunscreen or insect repellent shall be labeled with the child's name. Authorizations shall be reviewed periodically and updated as necessary.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply sunscreen to my child.	Sunscreen Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply sunscreen.		
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply repellent to my child.	Repellent Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply repellent.		

H. AUTHORIZATION – EMERGENCY MEDICAL TREATMENT
 Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

I. AUTHORIZATION – FIELD TRIPS / TRANSPORTATION

- Yes No I give permission for my child to be transported to and from the center.
- Yes No I give permission for my child to participate in Transported Walking field trips and other activities during operating hours.
- Yes No I hereby give permission for my school-aged child to enter a building unescorted.

J. ATTESTATION

- Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin rules, DCF 202, governing certified child care programs.
- Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

K. SIGNATURE

SIGNATURE – Parent or Guardian

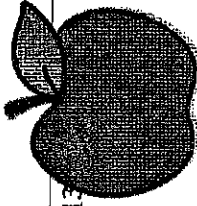
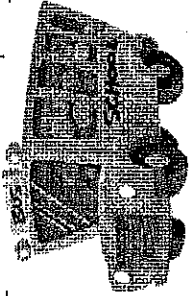
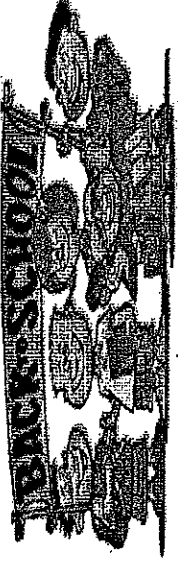
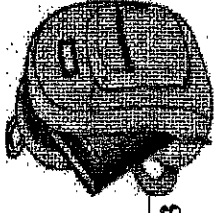
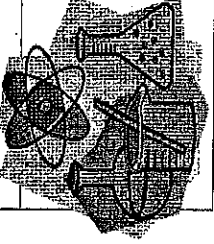

Date Signed

Review dates:

Kid's Castle-September 2017

CALENDARS DUE BY AUGUST 25th!!

Payments Due on September 1st

Name:			School:			
3 	4 KID'S CASTLE IS CLOSED!!!!	5 AM 1ST HOUR PM	6 AM 1ST HOUR PM	7 AM 1ST HOUR PM	8 AM 1ST 4 HRS FULL 1/2 DAY	1 KID'S CASTLE IS CLOSED!!!! 
13 	11 AM 1ST HOUR PM	12 AM 1ST HOUR PM	13 AM 1ST HOUR PM	14 AM 1ST HOUR PM	15 AM 1ST 4 HRS FULL 1/2 DAY	16 
17 	18 AM 1ST HOUR PM	19 AM 1ST HOUR PM	20 AM 1ST HOUR PM	21 AM 1ST HOUR PM	22 AM 1ST 4 HRS FULL 1/2 DAY	23 

Kids Castle Before & After School Program

2017 - 2018 DAILY PRICING RATES

** Pricing is subject to change once the 2017-2018 hours of the school day is published by the KUSD.
 10% Sibling Discount off each additional child

School	Transportation	BEFORE SCHOOL	1ST HOUR ONLY AFTER SCHOOL (Does not apply to 1/2 days)	AFTER SCHOOL (Does not apply to 1/2 days)	FIRST 4 HOURS OF 1/2 DAY (Friday Early Releases and other 1/2 Days)	FULL 1/2 DAY (Friday Early Releases and other 1/2 Days)	FULL DAY OF CARE (WHEN THERE IS NO SCHOOL)
Bose	At School	X	\$8.25	\$11.50	\$14.50	\$20.75	\$34.50
Grant	At School	X	\$8.25	\$11.25	\$14.50	\$20.50	\$34.50
Grewenow	At School	X	\$8.25	\$11.50	\$14.50	\$20.75	\$34.50
Jefferson	At School	X	\$8.25	\$11.25	\$14.50	\$20.50	\$34.50
Jeffery	At School	X	\$8.25	\$11.50	\$14.50	\$20.75	\$34.50
McKinley	At School	X	\$8.25	\$11.50	\$14.50	\$20.75	\$34.50
Nash	At School	\$6.75	\$8.25	\$11.25	\$14.50	\$20.50	\$34.50
Roosevelt	At School	\$6.75	\$8.25	\$11.25	\$14.50	\$20.50	\$34.50
Vernon	At School	\$7.25	\$8.25	\$11.00	\$14.50	\$20.25	\$34.50
Whittier	At School	X	\$8.25	\$11.50	\$14.50	\$20.75	\$34.50
North Side Location							
Stocker	First Student	X	\$8.25	\$11.50	\$14.50	\$20.75	\$34.50
Somers	Kid's Castle Bus	X	\$8.25	\$11.50	\$14.50	\$20.75	\$34.50
Harvey	Kid's Castle Bus	X	\$8.25	\$11.50	\$14.50	\$20.75	\$34.50

PRICING IS SUBJECT TO CHANGE **** Also programs may be cancelled (with two weeks notice) if number of children per day requirement is not met.****

DROP IN RATES:

AM= \$8.50 PM= \$14.00 1/2 Day= \$24.00 Full Day of Care= \$40.00
 Drop in care is defined as a family who cannot give us a whole monthly schedule by the specified due date or a family that does not meet the minimum scheduled attendance requirements of the program. In both of these cases, then the higher drop in rates are charged for child care services.