


KID'S CASTLE BEFORE & AFTER SCHOOL PROGRAM

2021-2022 SCHOOL YEAR REGISTRATION PAPERWORK

TO REGISTER: 	Submit all required paperwork including immunization records & registration fee to the Kid's Castle B/A Office <u>a minimum of 3 business days prior to attendance.</u> <i>Enrollment is subject to availability.</i>
REGISTRATION DEADLINE:	Must be complete by <u>the end of KUSD Elementary Open House</u> to begin care the 1 st week of camp. Kid's Castle is closed August 30 th & 31 st for school year preparation.

REGISTRATION FEES:	*Due at the time of sign up. *Non-Refundable & Non-Transferable *Paid by Cash, Check, or Money Order
EARLY BIRD REGISTRATION FEE:	If forms & fees received BY JULY 23rd = \$45 per child
REGULAR REGISTRATION FEE:	If forms & fees received AFTER JULY 23rd = \$60 per child



REGULAR PARTICIPATION REQUIREMENTS:	A MONTHLY CALENDAR MUST BE SUBMITTED & A MINIMUM PARTICIPATION OF 2 DAYS PER WEEK OR 2 HALF DAYS PER MONTH (FRIDAYS OR OTHER EARLY RELEASE DAYS) MUST BE MET.
DROP-IN SERVICE: (OCCASSIONAL PARTICIPATION)	IF A FAMILY CANNOT SUBMIT A COMPLETE MONTHLY CALENDAR BY THE DUE DATE AND/OR CANNOT MEET THE MINIMUM PARTICIPATION REQUIREMENTS, DROP-IN CARE IS AVAILABLE. PRIOR NOTICE WHEN CARE IS NEEDED IS STILL REQUIRED AND HIGHER DAILY RATES APPLY. (SEE PRICING SHEET)

Child's Name: _____

Child's School Name: _____

GRADE ENTERING IN FALL 2021: _____

Main Contact's Email Address: _____



Kid's Castle Before & After School Program
 4217 Green Bay Road Kenosha, WI 53144
 P: 262-652-8287 E: kidscastlewi@yahoo.com
<https://icarecenter.icareparentportal.com>

Office Use Only:
Received On: _____
Reg Fee Pd. _____
Entered/Updated: _____
Staff Initials: _____

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 Side & St. Mary's Locations)**

My child, _____, will arrive at the Kid's Castle After School Program- North Side (4211 Green Bay Road) OR St. Mary's Lutheran Church (2001 80th Street) by way of Kid's Castle Bus, First Student Bus, or Durham Bus on the days indicated on the Kid's Castle attendance sheet.

PLEASE LIST ANY SPECIAL ARRIVAL/RELEASE 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 SCHOOL AGE PROGRAMS
2021-2022 SCHOOL YEAR
ATTENDANCE & PAYMENT CONTRACT
PLEASE READ AND INITIAL BY EACH STATEMENT

1. I will provide all required paperwork (one per child) for my child:
 - a. ATTENDANCE & PAYMENT CONTRACT _____ (initial)
 - b. PARTICIPATION AGREEMENTS _____ (initial)
 - c. CHILD ENROLLMENT & HEALTH HISTORY FORM: _____ (initial)
 - d. CHILD'S IMMUNIZATION RECORD- www.dhfwir.org _____ (initial)
 - e. ARRIVAL/RELEASE AGREEMENT _____ (initial)I will notify the Kid's Castle B/A office staff in writing of any changes to information included in this paperwork such as phone numbers, address, child allergies or special concerns, emergency contact or authorized pick-up information. _____ (initial)
2. I understand registration fees are non-refundable & are due at the time of registration. _____(initial)
3. I understand that school year enrollment requires a monthly calendar be submitted by the due date & monthly minimum participation of 2 days per week or 2 half days (Fridays or other Half Day Early Release) per month (Exceptions are weeks that are partial weeks or weeks that have a Full Day of Care or Kid's Castle is Closed). If I cannot submit a monthly calendar by the due date that meets the monthly minimum requirement, I agree to sign up for "Drop In" services. I understand that "Drop-In" services still require advanced notice when care is needed, and a higher daily rate will apply. _____ (initial) Based on this information, I will be signing up for "Drop In" services for the 2021-2022 school year
YES OR NO: _____.
4. I agree to turn in a monthly calendar by the 25th of the 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 \$25 late calendar fee. The calendar is available between the 15th and 25th of each month for the upcoming month. I understand that if my calendar is submitted after the 25th, there may be some days that are unavailable due to busing and other maximum capacities. If my calendar is not submitted by the last day of the month my child will be unenrolled effective immediately. To reenroll, I must contact the main office and pay a \$25 reenrollment fee. _____ (initial)
5. I understand that to change my participation status, I must contact the Kid's Castle main office by the 25th of the month for the upcoming month. If I do not, a \$25 late calendar fee may still apply. _____ (initials)
6. I understand that monthly payments are due on the 1st of the month (Ex. March payments are due on March 1st) with a grace period ending on the 15th. I understand that if the balance is not paid in full by the 15th of the month, childcare services will be suspended as of the next business day. To reenroll, I must contact the Kid's Castle B/A main office and a \$25 reenrollment fee will apply. Exceptions may be made on a case-by-case basis and will require prior authorization in writing by the Kid's Castle Administrative Staff. If it becomes necessary for Kid's Castle to send past due accounts to collections a \$30 Collections Fee will apply. _____ (initial)
7. I understand that a statement will be sent sometime during the first week of each month and that statements can be viewed anytime on the parent portal. I understand that I must follow the payment due dates whether I receive a paper statement or not. _____ (initial)
8. I understand that payments can be made using cash, check, money order, credit card (2.00% fee), or ACH. I understand that there is a \$36 charge for each returned item for payments returned for any reason such as insufficient funds, stop payment, etc. _____ (initial)
9. I agree to pay for the days selected on my monthly calendar and any additional days added after the calendar is submitted whether my child attends or not. I understand that Kid's Castle does not switch days, issue credits or refunds for days that my child is signed up but does not attend. If I need to remove days from my calendar, I will contact the main office by the

calendar due date. No charges will be removed after the calendar due date. Some exceptions may be approved by the Administrative Staff for extenuating circumstances (ex. Loss of a job, family tragedy, hospitalization. Contact the office immediately & documentation may be required.) _____ (initial)

10. 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 the 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 DCFS license requirements. I understand that if childcare services are suspended, I will be charged a \$25 reenrollment fee to reinstate services. I understand that if childcare services are terminated, I may not be eligible to enroll in any Kid's Castle Child Care Program in the future. _____ (initial)
11. I understand that the Kid's Castle Before & After School Programs are open at 6:30 a.m. for any program that has a.m. care and closes at 6:00 p.m. for after school care. I understand that I am required to have an authorized person (16 years or older) walk my child in or out of the program and sign them in/out on daily attendance sheets using actual times and signature. Additionally, I understand that if my child is picked up after 6:00 p.m. when the program closes, a \$5 per 5-minute late fee will be applied to my account and will be due with the current billing cycle. _____ (initial)
12. I am aware that I need to provide a nutritious lunch on any half days or full days of care that my child attends (unless otherwise specified by Kid's Castle Staff) I understand, if I do not send a nutritious lunch one will be provided, and a \$6 lunch fee will be applied. _____ (initial)
13. I agree to timely contact the Kid's Castle School Age Program to report an absence every day that my child will not attend on one of their scheduled days. _____ (initial)
14. I am aware that Kid's Castle requires a minimum number of 15 students per day to operate a program or provide transportation from a designated school. If the minimum is not met, I understand Kid's Castle may discontinue a program/transportation services with a 2 weeks' notice to parents. _____ (initial)
15. I am aware that I should 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, regardless of if I have decided to not read the Policy Book completely. The Kid's Castle School Age Policy Book is always available for review at each Kid's Castle School Age location. _____ (initial)
16. I am receiving WI Shares Child Care Assistance. YES OR NO? _____ If yes, please continue.
 - a. I understand that I am responsible for managing my childcare assistance authorization. If I have questions regarding the details of my authorization, I will contact my case worker directly. _____ (initial)
 - b. I agree to initiate my EBT (WI Shares) payment at ebtedge.com or 1-877-201-7601 each month on the first of the month. I understand that any Parent Share (amount WI Shares does not cover) is due by the end of the payment grace period. _____ (initial)
 - c. I understand that no refunds will be provided for any payment made with WI Shares/EBT. I understand that I should authorize payment for NO MORE than my total monthly charges and that any credit on my account from an EBT payment may be subject to repayment to the state and will not roll over to the next month. _____ (initial)
17. **I have read, understand, and agree to abide by all the above information.**

Signature: _____ **Date:** _____

Kid's Castle Before & After School Programs

2021-2022 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 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 ACTIVITIES:

I give permission for my child to participate in Kid's Castle School Age Program approved activities. 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)

BEHAVIOR AGREEMENT: I understand that my child will be encouraged to meet Kid's Castle Behavior Expectations to Be Safe, Be Respectful, Be Responsible. Additionally, I agree to provide necessary information about my child in their Child Enrollment & Health History Form that may help Kid's Castle Staff support my child. Additional Information regarding Child Behavior Management is provided in the Kid's Castle School Age Program Policy Book.

SIGNATURE: _____

Kid's Castle School Age Programs 2021-2022 PRICING SHEET

BEFORE & AFTER SCHOOL PRICING

School	Transportation	AM/Before School	1 st Hour After School (does not apply to ½ days)	PM/After School (does not apply to ½ days)	First 4 Hours of the ½ Day (Fridays & other Early Release Days)	Full Half Day (Fridays & other Early Release Days)	Full Day of Care (When there is no school)
Bose	At School	X	\$8.25	\$11.50	\$15.00	\$20.75	\$36.00
Grant	At School	\$6.75	\$8.25	\$11.25	\$15.00	\$20.50	\$36.00
Grewenow	At School	X	\$8.25	\$11.50	\$15.00	\$20.75	\$36.00
Jeffery	At School	X	\$8.25	\$11.50	\$15.00	\$20.75	\$36.00
Nash	At School	\$6.75	\$8.25	\$11.25	\$15.00	\$20.50	\$36.00
Pleasant Prairie	At School	\$7.25	\$8.25	\$11.00	\$15.00	\$20.25	\$36.00
Roosevelt	At School	\$6.75	\$8.25	\$11.25	\$15.00	\$20.50	\$36.00
Whittier	At School	X	\$8.25	\$11.50	\$15.00	\$20.75	\$36.00
ST. MARY'S LOCATION							
SJCA	Durham Bus	\$6.75	\$8.25	\$11.25	\$15.00	\$20.50	\$36.00
Vernon	Kid's Castle Bus	\$7.25	\$8.25	\$11.00	\$15.00	\$20.25	\$36.00
NORTH SIDE LOCATION							
Stocker	First Student	X	\$8.25	\$11.50	\$15.00	\$20.75	\$36.00
Somers	Kid's Castle Bus	X	\$8.25	\$11.50	\$15.00	\$20.75	\$36.00
Harvey	Kid's Castle Bus	X	\$8.25	\$11.50	\$15.00	\$20.75	\$36.00

B/A DROP-IN RATES: Drop-in care is defined as a family who cannot give a whole monthly schedule by the specified due date and/or a family that does not meet the minimum scheduled attendance requirements of the program. In both cases, then the drop-in rates are charged. Drop-in services still require advance notice when care is needed.

AM/BEFORE SCHOOL= \$9.00

1/2 DAY FRIDAY OR EARLY RELEASE= \$24.00

PM/AFTER SCHOOL= \$14.00

FULL DAY OF CARE/ NO SCHOOL DAYS= \$42.00

VIRTUAL LEARNING SUPPORT PROGRAM PRICING:

½ DAY AM (6:30 A.M.-12:00 P.M.) = \$32.00

½ DAY PM (12:00 P.M.-6:00 P.M.) = \$32.00

FULL DAY (6:30 A.M.-6:00 P.M.) = \$42.00

*10% Sibling Discount off each additional child with same daily attendance. *B/A Pricing Subject to Change Based on KUSD Hours of the School Day.

*Programs may be cancelled (with 2 weeks' notice) if number of children per day requirement is not met.

Child Enrollment and Health History – Certified Child Care

Use of form: Use of this form is mandatory under DCF 202.08(12). 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 operator prior to the child's first day of attendance. Do not leave any fields blank. If they do not apply, enter "N/A" or "none." The parent / guardian should maintain ongoing communication with the child care operator 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 operator 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
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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) and provide detailed treatment plan to be implemented in the event of an allergic reaction:

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 and provide detailed treatment plan to be implemented in the event of an allergic reaction:

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-CFS0059-E Authorization to Administer Medication – Child Care Centers* may be used by certified programs to comply with DCF 202.08(4)(f)2.

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

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

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

J. ATTESTATION

1. 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.
2. 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.
3. Yes No I have been informed whether or not the premise and the child care business are covered by a child care liability insurance policy.

K. SIGNATURE

SIGNATURE – Parent or Guardian	Date Signed
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Review dates: _____