





KID'S CASTLE

SCHOOL AGE PROGRAMS



2021 SUMMER CAMP ONLY REGISTRATION

(CHRISTIAN LIFE SCHOOL OR ST. MARY'S LUTHERAN CHURCH)

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>Monday, May 31st at 6 PM</u> to begin care the 1 st week of camp.
REGISTRATION FEES:	<ul style="list-style-type: none"> *Due at the time of sign up. *Non-Refundable & Non-Transferable *Paid by Cash, Check, or Money Order
EARLY BIRD REGISTRATION FEE: 	<i>If forms & fees received BY APRIL 30th= \$65 per child</i>
REGULAR REGISTRATION FEE:	<i>If forms & fees received AFTER APRIL 30th= \$80 per child</i>
Fee includes: 	Field Trips & Special Activities, Summer Camp T-Shirt (required to be worn on certain days), Sunscreen & Bug Spray for the Summer.
SUMMER PROGRAM REQUIREMENTS:	3 months of enrollment with a monthly minimum of 4 days in June, 6 days in July, and 6 days in August.
IMPORTANT DATES:	<ul style="list-style-type: none"> *FIRST DAY OF CAMP IS WEDNESDAY, JUNE 9TH *KID'S CASTLE SCHOOL AGE PROGRAMS WILL BE CLOSED ON AUGUST 30TH AND 31ST *WELCOME LETTER & JUNE CALENDAR SENT VIA EMAIL BY MAY 15TH
COST:	<ul style="list-style-type: none"> *NO EXTRA FIELD TRIP COSTS! *10% SIBLING DISCOUNT (applied to days each additional child with same days of attendance)
HALF DAY OPTION: (6:30 AM-12:00 PM OR 12:00 PM-6:00 PM)	\$30/DAY PER CHILD
FULL DAY OPTION: (6:30 AM-6:00 PM)	\$40.50/DAY PER CHILD



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

CHILD'S NAME: _____

MAIN CONTACT EMAIL: _____

★ **SUMMER CAMP LOCATION (CIRCLE ONE):**

CHRISTIAN LIFE SCHOOL
(10700 75th Street)

OR

ST. MARY'S
(2001 80th Street)

★ Will your child be attending Summer School? YES or NO

If yes, what school? _____

★ **WHAT GRADE WILL THE CHILD BE ENTERING THIS FALL?** _____

★ **CHILD T-SHIRT SIZE- PLEASE CIRCLE ONE OPTION BELOW:**

CHILD'S SIZE: S M L XL OR ADULT SIZE: S M L XL

★ **WOULD YOU LIKE TO PURCHASE AN EXTRA T-SHIRT FOR \$10.00 PER SHIRT?** *Shirts will be required to be worn 1 to 2 days per week

CIRCLE: YES OR NO

★ **SWIMMING ASSESSMENT:**

My child, _____, has the following swimming ability. Please check the most accurate assessment.

_____ WEAK SWIMMER (little to no swimming experience)

_____ MODERATE SWIMMER (some swimming experience, somewhat comfortable in the water)

_____ STRONG SWIMMER (experienced swimmer and extremely comfortable in the water)

Additional Swimming comments:

Office Use Only: Received On: _____ Reg Fee Pd: _____ Entered/Updated: _____ Staff Initials: _____
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KID'S CASTLE SCHOOL AGE PROGRAMS
2021 SUMMER CAMP
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.dhfsvir.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. _____ (initials)
2. I understand registration fees are non-refundable and are due at the time of registration. _____ (initial)
3. I understand that registering for **Summer Camp** secures a spot for the duration of summer camp. I agree to sign up and pay for the minimum participation requirements of 3 days in June, 6 days in July, and 6 days in August. I understand that if I choose to disenroll before Summer ends or do not submit a calendar for either June, July, or August I will pay a flat rate of \$90 in June (equal to 3 half days), \$180 in July (equal to 6 half days), and \$180 in August (equal to 6 half days) regardless of if my child attends or not. If my calendar does not meet the monthly minimums, I understand that I will pay for the additional days to meet the program minimum participation requirements. I understand that if I need to add days not originally scheduled on my calendar, I will contact the Kid's Castle office for availability. _____ (initials)
4. No Drop- In services are available for Summer Camp, meaning a calendar & monthly minimum participation is required for all participants. _____ (initial)
5. 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 field trip, 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)
6. I understand that **Summer Camp** payments for the month are due as follows:
 - a. June on June 1st with a grace period ending June 8th. _____ (initial)
 - b. July on June 25th, grace period until July 5th. _____ (initial)
 - c. August on July 25th, grace period until August 5th. _____ (initial)

If payment is not received in full by the end of the grace period, I understand that childcare services will be suspended as of the next business day unless prior approval has been given in writing by the Kid's Castle School Age Administrative Staff. To reenroll after a suspension in care, I understand that a \$25 reenrollment fee will apply. 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 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 **Summer Camp** is open from 6:30 a.m.-6:00 p.m. 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 understand that I am responsible for getting my child to their **Summer Camp** location prior to Field Trip Departure times. If I fail to do so, I will be required to transport my child to the Field Trip location or find alternate care for the day. No refunds/credits will be issued in these situations. Kid's Castle does not leave staff behind on Field Trips and cannot hold buses for children who have not arrived by the scheduled departure time. _____ (initial)
13. I am aware that I need to provide a nutritious lunch everyday over **Summer Camp** (unless otherwise specified on the Activity/Field Trip calendar). I understand, if I do not send a nutritious lunch one will be provided, and a \$6 lunch fee will be applied. _____ (initial)
14. 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)
15. I am aware that Kid's Castle requires a minimum number of 15 students per day to operate a program. 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)
16. I understand that the designated Kid's Castle **Summer Camp** T-Shirt must be worn on the days specified on the Activities/Field Trip Calendar or by Kid's Castle Staff (typically 1-2 times per week). If my child does not have their Summer Camp T-shirt on a designated day, one will be provided and a \$5 No T-Shirt fee will be applied to my account for each day they do not have their shirt. _____ (initial)
17. I am aware that my child will be involved in water activities including sprinkler play, field trips to beaches, and swimming in indoor or outdoor pools. _____ (initial)
18. 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)
19. 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)
20. **I have read, understand, and agree to abide by all the above information.**

Signature: _____ **Print Name:** _____ **Date:** _____



**KID'S CASTLE SCHOOL AGE PROGRAMS
2021 SUMMER CAMP
PARTICIPATION AGREEMENTS**

GENERAL MEDIA RELEASE:

I hereby release, consent, and authorize Kid's Castle Before & After School/Kid's Castle Summer Camps 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) _____ (INITIALS)

RELEASE OF INFORMATION:

I agree to allow Kid's Castle School Age Programs 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)

PARTICIPATION/TRANSPORTATION AGREEMENT:

I give permission for my child to participate in Kid's Castle School Age Program approved activities on and off site. 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: _____

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.
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Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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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: _____