



KID'S CASTLE


SCHOOL AGE PROGRAMS




2023-2024 COMBO REGISTRATION

SUMMER CAMPS NOW AT NASH & ROOSEVELT ELEMENTARY

| | |
|-------------------------------|--|
| 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> Enrollment is subject to availability. |
| REGISTRATION DEADLINE: | Must be complete by <u>Friday, June 2nd 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: | If forms & fees received BY APRIL 6 th = \$80 per child |
| REGULAR REGISTRATION FEE: | If forms & fees received AFTER APRIL 6 th = \$100 per child |
| Fee includes: | Field Trips & Special Activities, Summer Camp T-Shirt (required to be worn on certain days), Sunscreen & Bug Spray for the Summer. |
| AGES SERVED: | 5 (by June 1 st) to 13 years old. 4-year old's eligible with Director approval. |
| OTHER IMPORTANT DATES: | <ul style="list-style-type: none"> *SUMMER CAMP WILL OPERATE FROM MONDAY, JUNE 12TH-FRIDAY, AUGUST 25TH. *KID'S CASTLE SCHOOL AGE PROGRAMS WILL BE CLOSED: JUNE 9TH, JULY 4TH, AND AUGUST 26TH-SEPT 4TH. *SUMMER WELCOME LETTER SENT VIA EMAIL BY MAY 15TH |

| SUMMER SCHEDULE TYPE: | SET SCHEDULE | ROTATING SCHEDULE |
|---|--|--|
| MINIMUM REQUIREMENTS:  | 2 DAYS A WEEK: Consistent days submitted at the time of registration for the whole summer. | 3 DAYS A WEEK: Days can rotate, must be submitted on the monthly calendar due by the 25 th of each month for the upcoming month |
| RATES: Full Day= 6:30 AM-6:00 PM ½ Day= 6:30 AM-12 PM or 12 PM-6:00 PM | \$44 per day for a full day \$35 per day for a ½ day | \$55 per day for a full day \$45 per day for a ½ day |
| VACATION DAYS: | Vacation days= number of days of the week attending. For example: if the set schedule is 2 days per week, then 2 vacation days are allowed per month. Submitted by the 25 th for the upcoming month | One week exception to the 3 day per week minimum on each month's calendar submitted by the 25 th for the upcoming month. Calendar late fee=\$25 |
| DISCOUNT: | 5% Sibling discount on days when attendance is the same. | No discount is available for rotating schedules |
| SCHOOL YEAR REQUIREMENTS: | A monthly minimum participation of 2 days per week or 2 half days per month (Fridays or other early release days). SJCA & KTEC 1 day per week. DROP-IN services available. Higher daily rates apply. | |



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

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

Camper General Info:

CHILD'S NAME: _____

SUMMER CAMP LOCATION (*Nash or Roosevelt*): _____

23/24 SCHOOL LOCATION: _____

GRADE ENTERING FALL 2023: _____

T-SHIRT SIZE (*Choose One: Youth S-XL, Adult S-XL*): _____

Purchase additional T-Shirt for \$10 each? Yes or No? _____ Size: _____ Qty: _____

Attending KUSD Summer School? (*Yes or No*): _____ **If Yes, which school:** _____

Transportation available from Pleasant Prairie Elementary to Nash & TBD to Roosevelt

Info for Main Contact:

MAIN CONTACT EMAIL: _____

OPT IN FOR TEXT NOTIFICATIONS & REMINDERS: Yes or No? _____

If Yes, Cell Provider? _____

Summer Camp Scheduling Type:

Choose One (see cover page for details including rates & minimums):

SET SCHEDULE (Will apply for the duration of camp, no monthly calendar required)

Select days & list approximate drop off & pick up times:

Monday, Drop off time: _____ Pick up time: _____

Tuesday, Drop off time: _____ Pick up time: _____

Wednesday, Drop off time: _____ Pick up time: _____

Thursday, Drop off time: _____ Pick up time: _____

Friday, Drop off time: _____ Pick up time: _____

ROTATING SCHEDULE (Monthly calendar with selected days submitted between 15th & 25th for the upcoming month.)

23/24 SCHOOL YEAR Scheduling Type:

Choose One (details including rates & minimums within packet):

REGULAR PARTICIPATION (Monthly calendar submitted between 15th & 25th for the next month.)

DROP-IN (No calendar necessary. Advance notice required & higher rates apply)



KID'S CASTLE SCHOOL AGE PROGRAMS
ATTENDANCE & PAYMENT CONTRACT
PLEASE READ AND INITIAL BY EACH STATEMENT

1. I will provide all required paperwork (one per child) for my child including IMMUNIZATION RECORDS. 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 and are due at the time of registration. Registration is not complete until all forms and reg fees & approval is received from Kid's Castle School Age Administration _____ (initial)
3. I understand that registering for any Kid's Castle School Age Program requires minimum participation outlined on the registration cover page & Parent Handbook. If I do not meet the minimum participation requirement, I understand that additional days may be charged to meet those requirements, or I may not be eligible for continued participation and my account could be deactivated.
4. A monthly calendar is required for a ROTATING SUMMER CAMP SCHEDULE & for REGULAR SCHOOL YEAR PARTICIPATION. I agree to turn in the 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 & 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. _____ (initial)
5. Notice in writing is required by the 25th of the month for the upcoming month if I wish to disenroll my child from any Kid's Castle School Age Program. _____ (initial)
6. I understand that payments for the month are due on the 25th of the month prior with a grace period until the 5th. **Failure to pay by the 5th of the month will result in a \$15 late fee.** Failure to pay by the 15th of the month will result in suspension or possible termination of services.
7. If it becomes necessary for Kid's Castle to send past due accounts to collections a collections fee of 25% of the total account balance will be charged _____ (initial)
8. I understand that a statement will be sent by the last day of the month for the upcoming month. 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)
9. 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 \$45 charge for each returned item for payments returned for any reason such as insufficient funds, stop payment, etc. _____ (initial)
10. I agree to pay for the days selected on my monthly calendar, on my set summer camp schedule and/or any additional days added WHETHER MY CHILD ATTENDS OR NOT. I understand that Kid's Castle does not switch days, issue credits or refunds. If I need to remove days from my calendar, I will contact the main office by the calendar due date. Some exceptions may be approved by the Administrative Staff for extenuating circumstances (ex. Loss of a job, relocation, extended hospitalization. Contact the office immediately & documentation may be required.) _____ (initial)
11. 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 (subject to availability). 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)

12. I understand that the Kid's Castle School Age Programs is a licensed facility. Hours of operation depend on specific location but generally are open at 6:30 a.m. & close at 6:00 p.m, Monday-Friday. 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, a \$5 per 5-minute late fee will be applied to my account and will be due with the current billing cycle. Continued late pickups could result in termination of enrollment. _____ (initial)
13. I am aware that I need to provide a nutritious lunch when my child attends a Full Day of Care & other special ½ days (unless otherwise specified on the Activity/Field Trip calendar). I understand, if I do not send a nutritious lunch, snacks will be provided, and a \$10 no 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. Child Enrollment & Health History Attestation:
- Kid's Castle does not keep any pets on site at any of our programs. Should this change, notice will be provided in advance and in writing.
 - Kid's Castle School Age Program is covered by a childcare liability insurance policy.
16. 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 service with a 2 weeks' notice to parents. _____ (initial)
17. I am aware that I should review the Kid's Castle School Age Programs Parent Handbook 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 Parent Handbook is always available for review at each Kid's Castle School Age location. _____ (initial)
18. I understand Kid's Castle has the right to call 911 in case of emergency & consent for emergency medical/treatment (911) to be used in I cannot be reached immediately. I will be responsible for any associated fees. _____ (initial)
19. I am receiving WI Shares Child Care Assistance. YES OR NO? _____ If yes, please continue.
- 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)
 - I agree to pay 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)
 - 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)

**Kid's Castle Policies subject to change based on updates to KUSD policies/contract requirements.*

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

***Payer One Signature:** _____ **Print Name:** _____

Last 4 Digits of SSN: _____ **Date:** _____

***Payer Two Signature:** _____ **Print Name:** _____

Last 4 Digits of SSN: _____ **Date:** _____



KID'S CASTLE SCHOOL AGE PROGRAMS 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 or Private 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)

** North Side Before & After School families must provide a physical copy of immunization records regardless of agreeing to the above statement.*

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. If my child is enrolled in Summer Camp, I am aware they will be involved in water activities including sprinkler play, field trips to beaches, and swimming in indoor or outdoor pools.

_____ (YES OR NO) _____ (INITIALS)

BEHAVIOR AGREEMENT: I understand that my child will be required to meet Kid's Castle Behavior Expectations to Be Safe, Be Respectful, Be Responsible. While we strive to help every child succeed, some behaviors (reoccurring or extreme) could result in a suspension or termination of childcare services. I agree to act as a partner with Kid's Castle staff by providing support if behavior concerns arise & providing 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

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 School Age Programs 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 (On-Site 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 (On-Site 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 or Private 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)

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. If my child attends Stocker Elementary School, I have filled out the "KUSD Request for Transportation Form". _____ (initial)

*SUMMER CAMP PROGRAMS & FULL DAYS OF CARE

I will provide transportation for my child, _____ to and from their designated Kid's Castle Summer Camp or Full Day of Care location on the days indicated on my monthly calendar.

*My child will receive transportation by Kid's Castle Summer Camp from PPE to Nash YES, OR NO? _____

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 ABSENCES/DAYS MY CHILD WILL NOT ATTEND ON THEIR SCHEDULED DAYS INCLUDING SICK DAYS.

(Parent Signature)

(Date)

Kid's Castle School Age Programs Credit Card / ACH Authorization Form

Completion of this form voluntary. You may enter the requested information if you wish to have monthly payments made automatically.

By completing the form, you authorize regularly scheduled charges to your credit card or bank account. You will be charged your total account balance on the FIRST (1st) OF EACH MONTH. Your balance is determined by your contracted days/monthly calendar. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior notification will be provided. Automatic payments will end when your balance is \$0, and your child has been disenrolled.

I, _____ (Customer Name),

authorize Kid's Castle School Age Programs (Merchant) to charge my (check one):

- Credit Card | - Bank Account for my account balance on the FIRST day of each month.

This payment is for the following:

Child Care fees outlined in the "Kid's Castle School Age Program Attendance & Payment Contract."

BILLING INFORMATION

Billing Address: _____ City, State, Zip: _____

Phone #: [_____] _____ Main Contact Email: _____

PAYMENT INFORMATION (Check One)

- CREDIT CARD (2.00% Service Fee will Apply)

Card Type: Mastercard | VISA | Discover |

Card Number (#): _____

Expiration: _____ (mm/yy) CVV: _____ Cardholder ZIP: _____

- BANK (ACH)

Account Type: Checking | Savings

Name on Acct: _____ Bank Name: _____

Routing #: _____ Account #: _____



CUSTOMER SIGNATURE: _____ Date: _____

Printed Name: _____

Kid's Castle Before & After School Programs 2023-2024 PRICING SHEET

| 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 (1/2-day Fridays & other Special ½ days) | Full Half Day (1/2-day Fridays & other Special ½ days) | Full Day of Care (When there is no school) |
|---------------------|------------------|------------------|--|---|--|---|---|
| Grewenow | At School | X | \$10.00 | \$13.00 | \$17.00 | \$23.00 | \$43.00 |
| Jeffery | At School | X | \$10.00 | \$13.00 | \$17.00 | \$23.00 | \$43.00 |
| Nash | At School | \$8.50 | \$10.00 | \$12.75 | \$17.00 | \$22.50 | \$43.00 |
| KTEC East & West | At School | \$8.50 | \$10.00 | \$12.75 | \$17.00 | \$22.50 | \$43.00 |
| Pleasant Prairie | At School | \$9.00 | \$10.00 | \$12.75 | \$17.00 | \$22.50 | \$43.00 |
| Roosevelt | At School | \$8.50 | \$10.00 | \$12.75 | \$17.00 | \$22.50 | \$43.00 |
| SJCA | At School | X | \$10.00 | \$13.00 | \$17.00 | \$23.00 | \$43.00 |
| Somers | At School | \$8.50 | \$10.00 | \$12.50 | \$17.00 | \$22.50 | \$43.00 |
| Vernon | At School | \$9.00 | \$10.00 | \$12.50 | \$17.00 | \$22.50 | \$43.00 |
| Whittier | At School | X | \$10.00 | \$13.00 | \$17.00 | \$23.00 | \$43.00 |
| NORTH SIDE LOCATION | | | | | | | |
| Grant | Kid's Castle Bus | X | \$10.00 | \$13.50 | \$17.00 | \$23.50 | \$43.00 |
| Harvey | Kid's Castle Bus | X | \$10.00 | \$13.50 | \$17.00 | \$23.50 | \$43.00 |
| Stocker | First Student | X | \$10.00 | \$13.50 | \$17.00 | \$23.50 | \$43.00 |

*1st hour After School may be chosen if the child will be picked up within **1 hour** of their **school's release time**.

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= \$14.00

1/2 DAY FRIDAY OR EARLY RELEASE= \$28.00

PM/AFTER SCHOOL= \$18.00

FULL DAY OF CARE/NO SCHOOL DAYS= \$48.00

*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 the number of children per day requirement is not met.

Kid's Castle School Age Summer Camp 2023 PRICING SHEET

At Nash & Roosevelt Elementary

| | ½ DAY AM (6:30 AM-12:00 PM) | | ½ DAY PM (12:00 PM-6:00 PM) | | FULL DAY (6:30 AM-6:00 PM) | |
|------------------|--------------------------------|------------------------------|--------------------------------|------------------------------|-------------------------------|------------------------------|
| | Set Schedule | Rotating Schedule | Set Schedule | Rotating Schedule | Set Schedule | Rotating Schedule |
| One Child | \$35.00 | \$45.00 | \$35.00 | \$45.00 | \$44.00 | \$55.00 |
| Each Addt. Child | \$33.25 | \$45.00 | \$33.25 | \$45.00 | \$41.80 | \$55.00 |

*5% Sibling Discount applied on each additional child when daily schedule is the same. **FOR SET SCHEDULE ONLY.**

*Subject to changes based on KUSD Summer School Hours.

2023-2024 Additional Fees

No Summer Camp T-Shirt Fee: \$5.00/day

No Lunch Fee: \$10.00/lunch

Late Payment Fee: \$15.00/month

Late Calendar Fee: \$25.00/month

Returned Check/Stop Payment Fee: \$45.00/payment