



KID'S CASTLE BEFORE & AFTER SCHOOL PROGRAMS  
4217 GREEN BAY ROAD KENOSHA, WI 53144  
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***"WHERE MEANINGFUL CONNECTIONS ARE MADE."***

## 2025-2026 SCHOOL YEAR REGISTRATION PACKET



**SERVING:** Bose, Grant, Grewenow, Harvey, Jeffery, LakeView K-8, Nash, PPE, Roosevelt, SJCA Lower Campus, Somers, Whittier

**TO REGISTER:** Submit all required paperwork including immunization records & registration fee to the Kid's Castle B/A Office a minimum of 3 business days prior to attendance. Enrollment is subject to availability.

**REGISTRATION DEADLINE:** Must be completed by AUG 19<sup>th</sup> to begin care the 1<sup>st</sup> week of school. Kid's Castle is **closed** August 26<sup>th</sup>-September 2<sup>nd</sup> for school year preparation.

**REGISTRATION FEES:** Due at the time of sign up, **NON-REFUNDABLE**, must be paid with cash, check, or money order.



**EARLY BIRD REGISTRATION FEE:** If forms & fees received **BY JUNE 30<sup>th</sup>**= \$45/child

**REGULAR REGISTRATION FEE:** If forms & fees received **AFTER JUNE 30<sup>th</sup>**= \$60/child

**REGULAR PARTICIPATION 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 SERVICE (OCCASSIONAL PARTICIPATION):** If a family cannot submit a complete monthly calendar by the due date and/or does not meet the minimum participation requirements, Drop-In Participation is available. **PRIOR NOTICE WHEN CARE IS NEEDED IS STILL REQUIRED AND HIGHER DAILY RATES APPLY.** (See rate sheet)



# 2025-2026 SCHOOL YEAR GENERAL REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_

25/26 SCHOOL LOCATION: \_\_\_\_\_

GRADE ENTERING FALL 2025: \_\_\_\_\_

**CONTACT INFO:**

\*Main contact is the person listed first on the account. This person will receive most of the communication including reminders, statements, and calendar access.

MAIN CONTACT NAME:

\_\_\_\_\_

RELATIONSHIP TO CHILD:

\_\_\_\_\_

MAIN CONTACT EMAIL:

\_\_\_\_\_

OPT IN FOR TEXT NOTIFICATION & REMINDERS: Yes, or No? \_\_\_\_\_

If yes, who is your cell phone service provider? (Ex: Verizon, AT&T, Etc.): \_\_\_\_\_

\*Secondary contact is the second person listed on the account. They may have access to information on the parent portal including statements and schedules and can make changes to the account. If you do not wish to grant access to this information to anyone else, please leave this section blank.

SECONDARY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

SECONDARY CONTACT EMAIL: \_\_\_\_\_

**25/26 SCHOOL YEAR SCHEDULING TYPE:**

Choose One (details including rates & minimum requirements listed within packet):

- REGULAR PARTICIPATION (Requires monthly calendar submitted between 15<sup>th</sup> & 25<sup>th</sup> for the next month)
- DROP-IN (No calendar necessary. Advance notice required & higher rates apply)

<b>Office Use Only:</b>	
Rec On:	_____/____
Reg Fee Pd:	_____
Entered-	_____
Master List:	_____ / _____



**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. A monthly calendar & minimum participation outlined in this packet is required for REGULAR SCHOOL YEAR & ROTATING SUMMER CAMP PARTICIPATION. I agree to turn in the monthly calendar by the 25<sup>th</sup> of the month for the upcoming month. I understand that if my calendar is not submitted by 5 pm on the 25<sup>th</sup>, 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)
4. Notice in writing is required by the 25<sup>th</sup> of the month for the upcoming month if I wish to disenroll my child from any Kid's Castle School Age Program. If notice is not given by the 25<sup>th</sup>, additional minimum participation fees may apply. \_\_\_\_\_ (initial)
5. I understand that payments for the month are due on the 25<sup>th</sup> of the month prior with a grace period until the 5<sup>th</sup>. **Failure to pay by the 5<sup>th</sup> of the month will result in a \$15 late fee.** Failure to pay by the 10<sup>th</sup> of the month will result in suspension or possible termination of services.
6. 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)
7. 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)
8. I understand that payments can be made using cash, check, money order, credit card (3.00% fee), or ACH. I am aware there is a \$45 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, 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 major life events (ex. Loss of a job, relocation, extended 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 (subject to approval & availability). I understand that if childcare services are terminated, I may not be eligible to enroll in any Kid's Castle Childcare Program in the future. \_\_\_\_\_ (initial)
11. 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)

12. 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)

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. I am also responsible for notifying my child's school/teacher of any changes to their after-school attendance. \_\_\_\_\_ (initial)

14. Child Enrollment & Health History Attestation:

a. 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.

b. Kid's Castle School Age Program is covered by a childcare liability insurance policy.

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 service with a 2 weeks' notice to parents. \_\_\_\_\_ (initial)

16. 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 the 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)

17. I understand Kid's Castle has the right to call 911 in case of emergency & consent for emergency medical/treatment (911) to be used if I cannot be reached immediately. I will be responsible for any associated fees. \_\_\_\_\_ (initial)

18. 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 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)

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)

*\*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.

\*FOR MARKETING PURPOSES, including on the Kid's Castle website/social media/promotional materials: \_\_\_\_\_ (YES OR NO) \_\_\_\_\_ (INITIALS)

\*FOR CLASSROOM PURPOSES, including bulletin boards & art projects displayed in Kid's Castle authorized spaces: \_\_\_\_\_ (YES OR NO) \_\_\_\_\_ (INITIALS)

\*IN PRIVATE SOCIAL MEDIA GROUPS, including Facebook & Class DOJO (This is primarily to share pictures of children engaged in activities with approved Kid's Castle parents/guardians):  
\_\_\_\_\_ (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)

**MEDICATION AGREEMENT:** If I have indicated on my child's paperwork that medication may be required, I am responsible for providing the medication prior to my child's first day of attendance. I will submit the medication in the original container labeled with my child's name with the required "Authorization to Administer Medication Form". If at any time my child's need for medication should change, I will notify the Kid's Castle staff and update any paperwork as needed. \_\_\_\_\_ (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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# 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

**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 (If your child will attend an On-Site AFTER SCHOOL Program)**

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 (If your child will attend an On-Site BEFORE SCHOOL Program)**

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.

## **\*KID'S CASTLE TRANSPORTATION (If your child will be transported from one of the below locations)**

My child, \_\_\_\_\_, will arrive to

- Harvey Elementary School from Grant Elementary School via Kid's Castle Bus **(School Year)**
- Nash Elementary School from Pleasant Prairie Elementary School via Kid's Castle Bus **(Summer)**
- Bose Elementary School from Harvey Elementary School via Kid's Castle Bus **(Summer)**
- Bose Elementary School from Somers Elementary School via First Student Bus **(Summer)**
- Jeffery Elementary School from Prairie Lane Elementary School via First Student Bus **(Summer)**

on any day indicated on my child's Kid's Castle calendar. If my child will be taking the First Student Bus, I will fill out the "KUSD Request for Transportation Form" and submit to KUSD for approval. \_\_\_\_\_ **(initial)**

## **\*FULL DAY OF CARE/SUMMER CAMP (NO SCHOOL DAYS):**

I understand I am required to provide transportation for my child to and from their designated Summer Camp or Full Day of Care location on the days indicated on my monthly calendar. \_\_\_\_\_ **(initial)**

## **PARTICIPATION/TRANSPORTATION AGREEMENT:**

I give permission for my child to participate in Kid's Castle School Age Program approved activities on and off site. Details for any field trips/off site activities will be given in advance by Kid's Castle School Age Program Staff. Permission may be revoked at any time. Alternate Care may need to be arranged if a parent chooses to opt out of any off-site activity/field trip.

\_\_\_\_\_ **(YES OR NO)** \_\_\_\_\_ **(INITIALS)**

## 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

Review dates: \_\_\_\_\_

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

**Completion of this form is required.** You may choose to have your payment information **saved only** or to have your payment be **auto withdrawn** as designated below.

- **Save my card only.** I understand that I will be required to manually authorize my payment each month by the due date. \_\_\_\_\_ (initial)
  - Additionally, I authorize my registration payment to be run with this payment information upon submitting my completed paperwork. \_\_\_\_\_ (initial)
- **Auto pay.** I authorize regularly scheduled charges to my bank account or credit card (3% fee). I understand my (choose one):
  - Total balance will be charged on the FIRST (1<sup>ST</sup>) of EACH MONTH. \_\_\_\_\_ (initial)
  - 1/2 my month's balance will be charged on the 1<sup>ST</sup> & 15<sup>TH</sup> OF EACH MONTH. \_\_\_\_\_ (initial)

I understand that automatic payments will end when my balance is \$0 and my child is disenrolled. \_\_\_\_\_ (initial)

Based on my selection above, I, \_\_\_\_\_ (Customer Name),

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

- Credit Card (3.00% Fee) |  - Bank Account

## BILLING INFORMATION

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: [\_\_\_\_\_] \_\_\_\_\_ Main Contact Email: \_\_\_\_\_

## PAYMENT INFORMATION (Check One)

- CREDIT CARD (3.00% 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:** \_\_\_\_\_

**\*PROPOSED\* 2025-2026 PRICING DETAIL**

<b>School:</b>	<b>Minimum Req for Regular Participation</b>	<b>AM/Before School</b> (6:30 am-school start time, M-F)	<b>PM/After School</b> (Regular School Days. Does not apply to ½ days)	<b>PM Early Release</b> (Wednesdays at SJCA, Fridays at KTEC)	<b>½ Day</b> (1/2-day Fridays & other Special ½ days)	<b>Full Day of Care</b> (When there is no school, 6:30 am-6:00 pm)
Grewenow, Harvey, Jeffery, Somers, Whittier	2 days/week or 2 half day Fridays/month	X	<b>Early Pick up by 3:25 pm</b> \$10.25 <b>Later Pick up by 6:00</b> \$14.50	X	<b>Early Pick up by 3:25 pm</b> \$18.00 <b>Later Pick up by 6:00 pm</b> \$25.50	\$45.00
Grant	2 days/week or 2 half day Fridays/month	X	<b>Early Pick up by 4:10 pm</b> \$10.25 <b>Later Pick up by 6:00 pm</b> \$14.00	X	<b>Early Pick up by 4:10 pm</b> \$18.00 <b>Later Pick up by 6:00 pm</b> \$25.00	\$45.00
Bose, Nash, Roosevelt	2 days/week or 2 half day Fridays/month	\$9.25	<b>Early Pick up by 4:10 pm</b> \$10.25 <b>Later Pick up by 6:00 pm</b> \$14.00	X	<b>Early Pick up by 4:10 pm</b> \$18.00 <b>Later Pick up by 6:00 pm</b> \$24.00	\$45.00
Pleasant Prairie Elementary (PPE)	2 days/week or 2 half day Fridays/month	\$11.00	<b>Early Pick up by 5:00 pm</b> \$10.25 <b>Later Pick up by 6:00 pm</b> \$13.00	X	<b>Early Pick up by 5:00 pm</b> \$18.00 <b>Later Pick up by 6:00 pm</b> \$23.50	\$45.00
St. Joseph's Catholic Academy (SJCA)	1 day a week	\$9.25	<b>Early Pick up by 3:45 pm</b> \$10.25 <b>Later Pick up by 6:00 pm</b> \$14.50	<b>Early Pick up by 4 pm</b> \$14.50 <b>Later Pick up by 6 pm</b> \$18.00	<b>Early Pick up by 4:00 pm</b> \$18.00 <b>Later Pick up by 6:00 pm</b> \$24.50	\$45.00
LakeView K-8	1 day a week	\$9.25	<b>Early Pick up by 4:10 pm</b> \$10.25 <b>Later Pick up by 6:00 pm</b> \$14.00	<b>Early Pick up by 3:40 pm</b> \$14.50 <b>Later Pick up by 6 pm</b> \$18.00	<b>Early Pick up by 3:40 pm</b> \$18.00 <b>Later Pick up by 6:00 pm</b> \$25.00	\$45.00
DROP-IN RATES**	None, see below.	\$14.50	\$21.00	\$25.00	\$30.00	\$50.00

**\*\*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.

\*10% Sibling Discount off each additional child with same daily attendance.

\*B/A Pricing & Early Pick-up time Subject to Change Based on KUSD Hours of the School Day.

**LATE CALENDAR FEE:** \$25.00, **LATE PAYMENT FEE:** \$15.00, **NO LUNCH FEE:** \$10.00, **RETURNED CHECK/STOP PAYMENT FEE:** \$45.00