



## 2024 Summer Kids Club Child Care Program

The Mount Vernon Community School District offers child care for preschool through fourth grade students. This summer, Kids Club is offered May 28 through August 9 from 6:30 AM to 6:00 PM with all care provided at the elementary school.

In order for parents/guardians to plan appropriately for the summer, Kids Club would like to make you aware of days that their service will not be open. Kids Club will be closed on these dates: May 27, July 4-5, August 12th-16th. Kids Club will open August 19th for the 2024-2025 school year session.

**Summer registration is due by May 31.** This deadline helps determine staffing and supplies needed for a successful program. Child care is available on a first-come, first served basis and enrollment is limited by the program license. Enrollment forms for this program must be completed and returned before the first day of the child's attendance. A \$25.00 **per child** registration fee must be paid with the enrollment forms before your child may attend Summer Kids Club. The cost for use of Kids Club is determined by attendance. You will be charged a fee for any amount of time spent in Kids Club. Please see the following attendance fees:

- Meals and snacks are included in the cost of the Summer program
- \$25.00 per child registration fee (paid once for summer session attendance)
- \$36.00 per child per day, more than five hours
- \$24.00 per child per day, five hours or less
- \$32.00 per child per day with two children enrolled from the same family
- \$30.00 per child per day with three children enrolled from the same family
- Late pick-up fee: \$5.00 per child after 6:00 P.M. pick up for all programs

Billing is done through InTouch. To check your child's balance in InTouch, log in to your child's account, then click the red view box. If you have more than one child, you need to do this for each individual child. Check each box you want to pay. Charges are applied to your account after services have been provided. Please speak to the director if accessing InTouch is a difficulty or the cost of the program prohibits attendance. Applying for DHS assistance may be an option.

Regarding late fees, payments are considered late one month after a statement has been sent. You will begin receiving a weekly late fee of \$5.00 until the account is brought current. If you have not made any kind of payment towards your balance one month after it was sent, child care services will be terminated and you will be expected to pay the total balance before services may be used again.

This is a state program overseen by the building principal with the director overseeing the day-to-day planning and operations. Questions may be asked of Teresa Hines at [thines@mvcsd.org](mailto:thines@mvcsd.org) or at [kidsclub@mvcsd.org](mailto:kidsclub@mvcsd.org) or call the Kids Club at 319-560-3322 or the school at 319-895-6251 ext. 2015.

### "Promoting Excellence in Academics, Arts, and Athletics"

615 5<sup>th</sup> Avenue S.W., Mount Vernon, IA 52314 ~ [www.mvcsd.org](http://www.mvcsd.org) ~ 319-895-6251 ~ fax 319-895-0348

The Mount Vernon Community School District will not discriminate on the basis of race, color, age, national origin, sex, sexual orientation, gender identity, marital status (for programs), socioeconomic status (for programs), disability, religion and creed. Students, parents, employees and others doing business with or performing services with the district who feel that they have experienced discrimination are encouraged to contact the Equity Coordinator at Mount Vernon Community High School, 731 Palisades Road SW, Mount Vernon, IA 52314, phone: [319-895-8843](tel:319-895-8843), where our district has a grievance procedure for processing complaints of discrimination. Inquiries may also be directed in writing to the Director of Civil Rights—Region VII, US Department of Education, 310 W. Wisconsin Ave., Suite 800, Milwaukee, WI 53203-2292 (phone: [414-291-1111](tel:414-291-1111)) or to the Iowa Department of Education; Grimes State Office Bldg., Des Moines, IA, 50319-0146 phone: [515-281-5294](tel:515-281-5294).



## What to Expect for Summer Camp 2024

### Weekly Schedule

Monday Afternoon trip to Cole Library at Cornell College to check out books. Craft. Movie.

Tuesday Swim at Davis Park, weather permitting. PK through Kindergarten: 12:30 PM-2:00 PM and 1st grade through 4th grade: 2:00 PM-3:30 PM.

Wednesday Field trip.

Thursday Swim at Davis Park, weather permitting. PK through Kindergarten: 12:30 PM-2:00 PM and 1st grade through 4th grade: 2:00 PM-3:30 PM.

Friday Your child is allowed to bring play items from home. Please keep a limit to items and no glass items are allowed.

### Pool and Swim Lessons

- Kids Club swim lessons are June 5-16, 11:00-11:45 AM at the Davis Park pool. We will provide transportation for this session only. Swim lessons are optional. Parents must sign up their children for lessons. Pool passes can be bought and left at Kids Club-cash can also be used. This is the parent's responsibility. If your child does not have either, they will stay at Kids Club with staff.
- Katey Sanders from the Davis Park pool will be at Kids Club to help sign your kids up for the Kids Club session. I will email at a later date with dates and times.
- If you have questions about pool lessons or passes, please contact Katey Sanders at 319-895-9191 or email Teresa Hines at [kidsclub@mvcasd.org](mailto:kidsclub@mvcasd.org) or [thines@mvcasd.org](mailto:thines@mvcasd.org) or call 319-560-2958.

### Field Trips

We will go on a field trip every Wednesday. A schedule of events will be shared closer to the start of summer Kids Club. Please make sure you send tennis shoes and socks with your children every day as we take walks to various places around Mount Vernon.

### Meals

- Breakfast and lunch will be provided.
- Please send a cold lunch with your child if he or she is not eating the school meal.
- The kitchen staff needs a total count of meals to be prepared by 9:00 AM. If your child arrives at Kids Club after 9:00 AM, please call or email us if your child wants a school meal. Otherwise, send your child to Kids Club with a cold lunch.

### Items Your Child Will Need to Bring

Please provide the following items for your child. Everything must be labeled as well.

- Water bottle to be brought daily or keep one with us to be washed daily
- Sunblock
- Towel
- Small blanket and pillow for quiet time (optional)



## Kids Club Tuition Policy\*

Please read, sign and return all pages to Washington Elementary

Billing is done through InTouch. To check your child's balance in InTouch, log in to your child's account, then click the red view box. If you have more than one child, you need to do this for each individual child. Check each box you want to pay. Charges are applied to your InTouch account after services have been provided.

### School Year Fees

- \$25.00 per child registration fee (paid once for school year attendance)
- **A.M. Time** (6:30 A.M. – 8:10 A.M.): \$10.00 per child per this time per day attendance
- **P.M. Time** (3:15 P.M. – 6:00 P.M.): \$10.00 per child per this time per day attendance
- **Preschool Sessions opposite preschool class time:** \$25.00 per child
- **Half day in-service /early-out days** (1:05 - 6:00): \$15.00 per child
- **No school days:** - \$35.00 per child per day
- *Late pick-up fee: \$5.00 per child after 6:00 P.M. pick up for all programs*

### Summer Camp Fees

- Meals and snacks are included in the cost of the summer program
- \$25.00 per child registration fee (paid once for summer session attendance)
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- *Late pick-up fee: \$5.00 per child after 6:00 P.M. pick up for all programs*

### Late Fees:

Payments are considered late one month after a statement has been sent. You will begin receiving a weekly late fee of \$5.00 until the account is brought current. If you have not made any kind of payment towards your balance one month after it was sent, childcare services will be terminated and you will be expected to pay the total balance before services may be used again.

By signing below, you acknowledge you have read and understand Kids Club Tuition Policy. You agree to pay all fees in a timely manner.

\*Policy is subject to change and families will be notified upon any and all changes.

Print Name:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Kids Club Consents

Child's Name: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_

Schedule child care will be needed: (check all which may apply) ~

- ☐ A.M. (6:30 - 8:10)
- ☐ P.M. (3:15 - 6:00)
- ☐ Preschool (we will now have both AM & PM session)

Days your child is likely to attend: (circle all which may apply) ~

Everyday    Monday    Tuesday    Wednesday    Thursday    Friday    Drop in only

Drop-in child care is available requiring a 24-hour notice by emailing Teresa Hines at [thines@mvcasd.org](mailto:thines@mvcasd.org). Please remember for the comfort of your child and the staffing of our program, consistency is always the best. We encourage you to bring your child on a routine schedule for the advantages this provides to your child during the school day, teacher and our program.

**I understand my child must be signed in and signed out of the Kids Club Program. This process is done in the cafeteria / Kids Club room at Washington Elementary.**

**Custody restrictions or restraining orders must be on file with the school office and Kids Club if there is legally any person who should not have contact with your child.**

**Travel & Field Trip Permission: (Please check the applicable response)**

Field trips are defined as anytime the Kids Club program leaves the MVCSD's building or property. A field trip email notification will inform Kids Club families when an activity requires children to leave school property for an activity. Please keep your contact information current to ensure notification of all Kids Club correspondence.

- ☐ I give permission for my child to attend field trips. I understand I will be notified of each trip prior to the activity and will not need to sign a permission slip for each activity.
- ☐ I **do not** give permission for my child to attend field trips and will make other arrangements. My child will not attend Kids Club during any off school property activities.

**Sunscreen & insect repellent:** For either to be used please supply a container (labeled with your child's name).

- ☐ I give permission for the application of either by a Kids Club staff member.
- ☐ My child is allowed to apply either by themselves.

I have read the above statements and completed the necessary information.

Signature: \_\_\_\_\_ Print

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Mount Vernon Community School District – Kids Club Registration Form

*Parent / Guardian please complete (print clearly) and return with registration.*

Child's first and last name:	Child's birth date:
	Child's grade level:

Parent #1 Name:	Parent #2 Name:
Phone /cell number:	Phone /cell number:
Email address:	Email address:
Parent #1 home address:	Parent #2 home address:
Home phone # (if different than above #):	Home phone # (if different than above #):
Parent #1 Employer:	Parent #2 Employer:
Employer's address:	Employer's address:
Employer's phone number:	Employer's phone number:
Work email address:	Work email address:

<p>In the event of an emergency, Kids Club lead supervisor is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the Kids Club center is unable to immediately make contact with the parents/guardians. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>During an emergency the Kids Club supervisor is authorized to contact the following person when parent/guardian cannot be reached.</p> <p>Alternate emergency contact person's name: _____</p> <p>Relationship to child: _____ Emergency person's Phone #: _____</p> <p>Parent / Guardian Approval Signature: _____</p>
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Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not and you would like assistance with finding health or dental insurance, call the school nurse at 319-895-6251.	
Child's Doctor:	Doctor's phone #: _____ Doctor's address: _____

Health Insurance Company:

ID#:

Hospital of choice:

Child's Dentist:

Dentist's phone #:

Dentist's address:

Dental Insurance Company:

ID#:

Complete the other side of this form.

## Mount Vernon Community Schools Kids Club Childcare Health Status - Parent Statement

*Parent/Guardian to complete this page.* Please mark the ☐ box to statements that apply to your child.

**Child's Name:** \_\_\_\_\_

Date of child's last physical exam: \_\_\_\_\_

Date of last dental appointment: \_\_\_\_\_

### Growth

☐ I am concerned about child's growth.

### Appetite

☐ I am concerned about child's eating habits.

### Rest

☐ My child needs to rest after school.

### Illness/Surgery/Injury

☐ My child had a serious illness, surgery or injury. Please describe:

### Physical Activity

☐ My child must restrict physical activity or needs special equipment to be active. Please describe:

### Play with friends - My child

- ☐ Plays well in groups with other children.
- ☐ Will play with only 1 or 2 other children.
- ☐ Prefers to play alone.
- ☐ Fights with other children.

☐ I am concerned about my child's play activity with other children.

### School and Learning - My child

- ☐ Is doing well at school.
- ☐ Is having difficulty in some classes.
- ☐ Does not want to go to school.

☐ Frequently misses or is late for school.

☐ I am concerned about how my child is doing in school. Please describe:

☐ **Allergy** - My child has allergies (list all allergies: food, medicine, fabric, inhalants, insects, animals, etc.):

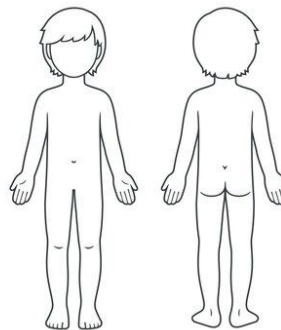
Child has an Epipen, inhaler or other emergency medication.

☐ Yes ☐ No

### Body Health - My child has problems with

☐ Skin, hair, fingernails or toenails.

☐ Describe skin marks, birthmarks, or scars. Show where skin marks are located using the drawing.



- ☐ Eyes/vision, glasses or contact lenses
- ☐ Ears/hearing, hearing assistive aides or device, earache, tubes in ears
- ☐ Nose problems, nosebleeds
- ☐ Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth
- ☐ Frequent sore throats or tonsillitis
- ☐ Breathing problems, asthma, cough
- ☐ Heart problems or heart murmur
- ☐ Stomach aches or upset stomach

- ☐ Trouble using toilet or wetting accidents
- ☐ Hard stools, constipation, diarrhea, watery stools
- ☐ Bones, muscles, movement, pain when moving
- ☐ Mobility, child uses assistive equipment  
Please describe:
- ☐ Nervous system, headaches, seizures, or nervous habits (like twitches or tics)
- ☐ Females - difficult monthly periods

☐ Other special needs. Please describe:

☐ **Medication<sup>1</sup>** - My child takes medication.

Medication Name      Time Given      Reason for giving medication

**Note to parents: *Certificate of Immunization***

School-owned and operated child care programs located on school property may file/store your child's Certificate of Immunization in the school office or in the school nurse's office. All other school-age child care programs must keep the Certificate of Immunization on-site at the child care facility.

Parent Signature Required:

Date:

<sup>1</sup> Parents: Please review the child care program's policies about the use of medication at child care.