MOUNT VERNON
COMMUNITY SCHOOL DISTRICT

Kids Club Tuition Policy*

Please read, sign and return all pages to Washington Elementary

Kids Club charges can be accessed through your PowerSchool parent portal. Once you have logged into your PowerSchool parent account scroll down and click on the "Payments and Purchases" link. Click on the reddish-colored box to view the current assessed charges. Add these charges to your cart and then check out. You may also pay by check.

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 per day attendance
- **Half day in-service /early-out days** (1:05 - 6:00): $15.00 per child per day attendance
- **No school days: -** $36.00 per child per day attendance

Late pick-up fee: $5.00 per child after 6:00 P.M. pick up for all programs

Late Fees:

Prompt and consistent payment is vital to the management of Kids Club. Kids Club balances can be no more than 1 month past due in order for your children to attend Kids Club. If your balances are more than 1 month overdue, you will be contacted and notified that your child will not be allowed to attend. In order to attend Kids Club on planned no school days for full day care, your account must be no more than 1 month past due.

A $5.00/ week late fee will be charged for all accounts more than 1 month past due.

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: _____

Signature: _____ Date: _____

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Kids Club Consents

Child's Name: _____ **Grade in the fall:** _____

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

o A.M. (6:30 - 8:10)
o P.M. (3:15 - 6:00)
o Preschool AM or PM

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

Everyday Monday Tuesday Wednesday Thursday Friday Drop in only

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.

o 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.
o 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).

o I give permission for the application of either by a Kids Club staff member.
o 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: **Phone /cell number:** **Email address:**	**Parent #2 Name:** **Phone /cell number:** **Email address:**
Parent #1 home address: **Home phone # (if different than above #):**	**Parent #2 home address: (If Different from Parent #1)** **Home phone # (if different than above #):**
Parent #1 Employer: **Employer's phone number:** **Do we have permission to contact you at your work number?**	**Parent #2 Employer:** **Employer's phone number:** **Do we have permission to contact you at your work number?**

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. ☐ **YES** ☐ **NO**

During an emergency the Kids Club supervisor is authorized to contact the following person when parent/guardian cannot be reached.

Alternate emergency contact person's name: _____

Relationship to child: _____ Emergency person's Phone #: _____

Parent / Guardian Approval Signature: _____

Does your child have health insurance? ☐ **Yes** ☐ **No** **Does your child have dental insurance?** ☐ **Yes** ☐ **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#:

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

Parent/Guardian to complete this page.

Child's Name: _____

Date of child's last physical exam: _____

Date of last dental appointment: _____

☐ 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.

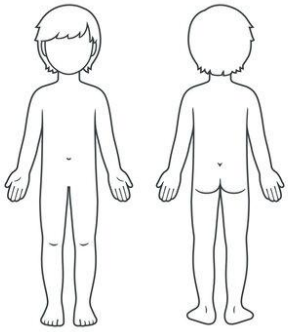
☐ I am concerned about how my child is doing in school. Please describe:

☐ **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

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)

☐ Other special needs. Please describe:

☐ **Medication**[1] **-** 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:

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