

St. Francis of Assisi Kids

**Care Register for Kids Care (Before
and After School) 2019-2020**

To complete your Kids Care
registration, return registration
information, attendance information.

Registration fees will be billed
through FACTS (\$50 per new student,
\$25 per returning student.) by May
1st, 2019.

Thank you, Heather Gunson, Director
Cell # 515-868-1255

Occasional use will be determined at the discretion of the Director, depending upon available space and staff. A one week request must be made in writing to determine if there is space and staff available. All occasional users must be registered with Kids Care.

St. Francis Kids Care is an extension of St. Francis of Assisi School. All school policies and procedures will be followed by Kids Care. Please call Heather Gunson, Director at 515-868-1255 or email at hgunson@saintfrancisschool.org with further questions.

Registration Fees

<u>NEW SFA Students</u>	<u>Returning SFA Students</u>
1 Child \$50.00	\$25.00
2 Children \$100.00	\$50.00
3 Children \$150.00	\$75.00

Fees are subject to change. Registration fees are due prior to care. Payment is due monthly.

All fees are billed through FACTS

Occasional Use

Occasion Use

<u>Before School</u>	<u>After school</u>	<u>Occasional USE/NO SCHOOL</u>
1 Child \$15.00	1 Child \$25.00	\$45.00
2 Child \$30.00	2 Children \$50.00	\$90.00
3 Child \$45.00	3 Children \$75.00	\$135.00

***Please fill out the following form one per child.**

Saint Francis Kids Care Annual Update

Child's Name: _____ Birthdate: _____

Mother's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Information

In the event that my child may requires emergency medical, dental, or surgical care while I am unable to be reached, I hereby give my consent to medical, dental, or surgical treatment to:

Doctor/Clinic Name: _____ Phone: _____

Doctor/Clinic Address: _____

Hospital (circle one) Mercy West Mercy Downtown Mercy West Lakes
Lutheran Methodist Downtown Methodist West Blank Children's Hospital

Dentist Name: _____ Phone: _____

Dentist Address: _____

I agree to pay all the costs and fees contingent on emergency care or treatment for my child as secured or authorized under this consent.

In an emergency please call: (In case parents are unreachable)

Name/Relation: _____ Phone: _____

Cell: _____

Name/Relation: _____ Phone: _____

Cell: _____

Who may not pick up your child, if any?

Name: _____
Reason: _____

Name: _____
Reason: _____

Pick Up Permission Please-Please circle yes or no for the following:

Yes / No I hereby give permission for my child to leave the center for fieldtrips in provided by the center, or on foot.

Yes / No I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parent to notify the center, in writing, of any changes.

Yes / No I grant the center staff the right to take photographs of my child engages in center activities to be displayed within the center.

Name	Relationship	Name	Relationship

Medical

Please sign and date below stating that your child's medical history is located in the school nurse's office.

Parent Signature: _____
Date: _____

Please sign and date below stating that your child is up to date on medical requirements. (each year you will have to re- sign if there are no changes)

Parent Signature: _____
Date: _____

Parent Signature: _____
Date: _____

Parent Signature: _____
Date: _____

Parent Signature: _____
Date: _____

Parent Signature: _____
Date: _____

Parent Signature: _____
Date: _____

Parent Signature: _____
Date: _____

Parent Signature: _____
Date: _____

Parent Signature: _____
Date: _____

Kid's Care Fees					
	Times of	Monthly	Semester	Annual	Part-Time
	Care				(3 days or less)
1 Child					
AM & PM	7:00 - 8:15 AM & 3:15 - 6:00 PM	\$ 290.00	\$ 1,305.00	\$ 2,610.00	\$ 210.00
AM	7:00 - 8:15 AM	\$ 190.00	\$ 855.00	\$ 1,710.00	\$ 136.00
PM	3:15 - 6:00 PM	\$ 215.00	\$ 967.00	\$ 1,935.00	\$ 166.00
2 Children					
AM & PM	7:00 - 8:15 AM & 3:15 - 6:00 PM	\$ 520.00	\$ 2,106.00	\$ 4,212.00	\$ 368.00
AM	7:00 - 8:15 AM	\$ 295.00	\$ 1,196.00	\$ 2,390.00	\$ 245.00
PM	3:15 - 6:00 PM	\$ 365.00	\$ 1,479.00	\$ 2,957.00	\$ 299.00
3 Children					
AM & PM	7:00 - 8:15 AM & 3:15 - 6:00 PM	\$ 740.00	\$ 3,000.00	\$ 6,000.00	\$ 536.00
AM	7:00 - 8:15 AM	\$ 420.00	\$ 1,701.00	\$ 3,402.00	\$ 347.00
PM	3:15 - 6:00 PM	\$ 518.00	\$ 2,098.00	\$ 4,196.00	\$ 424.00
No School Day For Non Registered KC Child		\$ 45.00			
Drop in for PM		\$ 25.00			
Drop in for AM		\$ 15.00			

RECEIPT AND ACKNOWLEDGMENT OF ACCESS Card

FOR KIDS CARE PARENT USE

STUDENT NAME: _____

Please print: (Last Name) (First Name)

PARENT NAME: _____

Please print (Last Name) (First Name)

Signature _____ Date _____

KIDS CARE SCHEDULE FOR YOUR CHILD:

- SUMMER CAMP KIDS CARE AM & PM
 KIDS CARE AM KIDS CARE PM

THE UNDERSIGNED, _____, hereby acknowledges receipt of an access device (the "Card"), allowing access into St. Francis of Assisi for Kids Care. The undersigned acknowledges that the Card is being provided to me to access only the Kids

Care Program and its use is restricted to Kids Care and no other St. Francis functions. I also acknowledge that the use of the Card is personal to me and is not to be transferred to any other person without the consent of St. Francis of Assisi. Further, I take full responsibility for the use of the Card while it is checked out to me and that I will comply with all St. Francis of Assisi policies concerning security and access. If the Card is lost or stolen, I will notify the Parish office immediately to report such lost or theft and acknowledge that I may be assessed a fee for the replacement of the Card.

Date: _____ Card Number _____