

Kids Connection 2019-2020 Monthly Fees K-8th Grade

	One Child	Two Children	Three or More
Full Time (before/after)	\$317	\$571	\$809
Part Time (before/after)	\$269	\$484	\$685
Before School Only	\$181	\$325	\$461
After School Only	\$223	\$401	\$568
Part Time Mornings Only	\$144	\$260	\$368
Part Time Afternoons Only	\$178	\$321	\$454
Drop-In Rate (per time used)	\$26	\$47	\$67
Occasional Full Day Dismissal	\$48	\$87	\$123
Early Wednesday Dismissal (per time used)	\$26	\$47	\$67

Hours Available: Before School: 6:30-8:00 AM • After School: 3:05-6:00 PM • Wednesday Early Out 1:00-6:00 PM • Full Day Dismissal: 6:30 am-6:00 pm

Attendance Schedule

_____ Full-Time (Monday-Friday, before and after School)
 _____ Part-Time (2-3 days per week, before and after school)
 _____ Before School Only _____ Part-Time Mornings (2-3 mornings a week)
 _____ After School Only _____ Part-Time Afternoons (2-3 afternoons a week)
 _____ **EARLY OUT WEDNESDAY ONLY (9/4, 10/2, 11/6, 12/4, 2/5, 3/4, 4/1, 5/6)**

Charges/Payments

Kids Connection charges are posted to FACTS Online Billing System at the beginning of each month. Payment is due on the last day of the month and can be made online directly to FACTS, by cash, check, or Holy Trinity can complete an ACH-automatic withdrawal. If you choose to use ACH, please pick up a form from Jenith Burry. *Failure to make on time payments will result in a \$15 late fee per month and possible suspension of child care until your balance is paid in full.* Please refer to the Kids Connection Parent Handbook for more detailed charges/payment information.

I have read and agree to the following terms listed above:

Parent Signature

Date

CONTACT INFORMATION:

Jenith Burry, Kids Connection Director
 (515) 255-3162 ext 127 • jburry@htschool.org

Kate Janes, Kids Connection Site Supervisor
 (515) 255-3162 ext 130 kjanes@htschool.org

KIDS CONNECTION PARENT AUTHORIZATIONS FOR THE 2019-20 SCHOOL YEAR

CHILD NAME _____ GRADE _____

FIELD TRIP AUTHORIZATION

I give my permission for my child to participate in all field trips with Kids Connection. I understand that field trips will be taken on a school bus (contracted through St. Joseph's Catholic School) and there will be walking trips in the neighborhood. I hereby release Holy Trinity School and Kids Connection and any and all of its employees from any and all liability for any and all harm arising to my child as a result of these trips.

I understand that all children participate in all field trips and will not be left at the school facility during such field trips unless a pre-approved arrangement has been made with the KC Director.

Parent Signature _____

EMERGENCY MEDICAL AUTHORIZATION

I do hereby give my permission and/or consent to Holy Trinity School to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of Holy Trinity School. I also agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Parent Signature _____

PHOTO AUTHORIZATION

I give consent for my child's photo to be taken and used for marketing and media purposes.

Parent Signature _____

SUNSCREEN AUTHORIZATION

During the summer months, I will provide sunscreen and give consent for KC staff to apply sunscreen to my child.

Lotion Spray Either (please circle one)

Please list any sunscreen allergies/brand requests _____

Parent Signature _____

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CHILD ENROLLMENT INFORMATION

Child Information			
Child's Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Allergies, special instructions, comforting items:			
Parent/Guardian Information (1)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	
Parent/Guardian Information (2)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	
Emergency Contact (1)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Emergency Contact (2)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Emergency Contact (3) – Out-of-Area/Out-of-State			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Medical Information			
Child's Doctor's Name:		Phone #:	
Address:	City:	State:	

Persons allowed to pick up my child if I am unable to: (Also list emergency contacts below if you want to allow them to pick up your child)		
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:

Any one NOT allowed to pick up my child (with copy of court order, if applicable):

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

SCHOOL-AGE ASSESSMENT & HEALTH FORM & IMMUNIZATION DECLARATION

1. HEALTH STATEMENT - To be completed by parent.

Child's Full Name _____

Birth Date _____

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

2. PHYSICAL ASSESSMENT

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

2. Is this child subject to any conditions which limit classroom activities or physical education?

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

5. Other information you would like to share:

FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING IN THE SAME SCHOOL
FACILITY IN WHICH THE CHILD ATTENDS SCHOOL:

My signature below certifies that immunization information concerning my child has been provided and is available in the school file.

Parent's Signature _____ Date _____