



Kids in Christ Latchkey 2021-2022

Child's Name		Chi	ld's Name			
#1	#2_	#2M/F				
Birthday: Age: 2 Allergies: Concerns: Does this child have an existing I		Alle	hday: Age: 20 rgies: cerns: es this child have an existing IEI			
		Kids in Christ Program	ms			
Name		Times	Rate			
√ (please select desired programs)			nate			
Before School	6:0	00 – 8:00 AM	\$40.00 / week			
"Bit" Before School	7:0	00 – 8:00 AM	\$30.00 / \	week		
After School	3:2	20 – 6:00 PM	\$55.00 / v	week		
"Bit" After School	3:2	20 – 5:00 PM	\$40.00 / week			
Early Release Fridays	11:4	45 AM Release	\$14.00 / afternoon			
Holiday Day Camp	6:00	AM – 6:00 PM	\$40.00 / day			
Additional Sessions Discount	Approval is no staffing levels	e above weekly arrangen ot guaranteed and is based of for the requested care dat ombo Discount	on physical space and	\$14.00/session		
Discount	7.1171 (2.1117)	Jiiibo Discount	\$5.00 per ad			
Discount	Sibling Disco	ount	35.00 per au (2 nd , 3 rd ,			
			(2 , 3 ,	,		
Registration Fee Per Child - \$40.0	0		wing important information			
Cash receipt # Check # Procare-date ** Registration Fee is required to particip program Kids in Christ offers throughout to year.		 ALL cancellations to your participation must be made at least 14 days in advance and must be in writing to the director. No verbal changes will be honored.				
Discounts:		Hardship request MUST be coordinated through HACSM (Highland Area Christian Service Ministry) before special payment arrangements will be made				
AM and PM Combo Enrollment Sibling (each add'l)		 All students MUST be signed in & out by an authorized adult EVERYDAY via the Procare Check-in Station. If you are late picking up your student, a late fee will be assessed after 5 minutes and every 5 minutes thereafter at a rate of \$5.00. 				
Child's schedule (circle all that ap		Daily staffing is based on scheduled attendance. Pre-arranged, written schedule change requests (swaps) will be accommodated whenever staffing levels can support them. Schedule changes that involve adding care above your established tuition are subject to				
Afternoon: M-T-W-T		There are no refunds. V	the additional session tuition fee pricing structure There are <u>no refunds</u> . We ask that you inform us via email of any schedule changes well in advance to ensure accurate billing			

Updated Info: Initials/Date -	
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Kids in Christ – Friday Early Release – 11:45 – 6pm						
Day	Interest?	Pizza Preference				
October 8, 2021	YES / NO					
December 3, 2021	YES / NO					
February 4, 2022	YES / NO					
May 6, 2022	YES / NO					

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•	Staffing is scheduled based on planned attendance	e, please provide as much advanced notice of changes as possible. Parent Initials	

- Tuition fee of \$14/day will be added onto your Procare account. Payment can be made as part of your normal KiC payment process, no later than within a week of service, via MyProcare.com, Point of Sale, or check (made payable to KIDS IN CHRIST) preferred ______
- All students MUST be signed out by a parent/guardian EVERYDAY via the Procare Check-in Station.
- Late pick-up fees will be assessed after 5 minutes and every 5 minutes thereafter at a rate of \$5.00.

	Kids in Christ - Day Camp Dates – 6am – 6pm							
Day	Holiday	Interest?	Day	Holiday	Interest?			
Monday, October 11, 2021	Columbus Day	YES / NO	Thursday, December 30, 2021	Christmas Holiday	YES / NO			
Thursday, October 28, 2021	P/T Conferences	YES / NO	Monday, January 3, 2022	Christmas Holiday	YES / NO			
Friday, October 29, 2021	P/T Conferences	YES / NO	Tuesday, January 4, 2022	Teacher's Institute	YES / NO			
Thursday, November 11, 2021	Veteran's Day	YES / NO	Monday, January 17, 2022	Martin Luther King Jr. Day	YES / NO			
Wednesday, November 24, 2021	Thanksgiving Break	YES / NO	Monday, February 21, 2022	Presidents' Day	YES / NO			
Thursday, December 23, 2021	Christmas Holiday	YES / NO	Friday, March 18, 2022	Teacher's Institute	YES / NO			
Monday, December 27, 2021	Christmas Holiday	YES / NO	Thursday, April 14, 2022	Spring Holiday	YES / NO			
Tuesday, December 28, 2021	Christmas Holiday	YES / NO	Monday, April 18, 2022	Spring Holiday	YES / NO			
Wednesday, December 29, 2021	Christmas Holiday	YES / NO		_				

Please read the following important information and initial:

 Staffing is scheduled based on planned attendance, please provide as much advanced notice of changes as possible. Parent
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- **Tuition fee of \$40/day will be added onto your Procare account.** Payment can be made as part of your normal KiC payment process, no later than within a week of service, via MyProcare.com, Point of Sale, or check (made payable to <u>KIDS IN CHRIST</u>) preferred ______
- All campers MUST be signed in & out by a parent/guardian EVERYDAY via the Procare Check-in Station.
- Late pick-up fees will be assessed after 5 minutes and every 5 minutes thereafter at a rate of \$5.00.
- Campers are responsible for bringing their own <u>peanut-free</u> lunch every day. _______

		Updated Info: Initials/Date
	<u>Emergency</u>	
Parents or Guardians Residing with Stud	<u>lent(s)</u> :	
Female Guardian's Name:	Re	lationship:
Phone:	Email:	
Male Guardian's Name:	Re	elationship:
Phone:	Email:	
Custodial Address:		
Parent Not In The Home Information:		
Release to non-custodial parent/guardia	an? Yes No N/A	
Additional Emergency Contacts (to be us	sed if parents/guardians co	annot be reached)
#1 Name:	Relationship:	Phone#:
#2 Name:	Relationship:	Phone#:
Authorized Pick-Up List (other than Pare	ent/Guardian):	Do Not Release To List:
Name: Relat	ionship	Name:
		I
		<i>I</i>
		I
Doctor:	Hospital: _	
Child's Name #3	M / F	Internal Use: Reviewed by: DIR: BM:
Birthday: Age: 2021-2022 Allergies:		
Concerns: Does this child have an existing IEP? Yes		If No, reason Unpaid KiA/KiC Bal?N / Y _ \$
boes this crime have an existing in a		
	Emergency Releas	e Notification
 assuming the risk and liability and w might sustain as a result of participal transportation services, when provi I agree that Highland Hope UMC Kid to such injuries that directly result for a parent and/or guardian, I do he the event of a medical emergency with physical impairment or undue disco 	vaiving and releasing all claims ating in any and all activities or ided). ds in Christ will be held free are from acts of negligence on the erewith authorize the treatment which, in the opinion of the attomfort if delayed. The authori	and participating in the programs/activity, you will be expressly as for injuries, damages or loss which you or your minor child/ward connected with and associated with this program/activity (including and harmless from any and all injuries occurring to my child except as a part of the Kids in Christ Staff. Ent by a qualified and licensed medical doctor of the minor (listed) in tending physician may endanger his or her life, cause disfigurement, ty is granted only after reasonable effort has been made to reach me. hing of risk, and waiver of release of all claims.

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF THE PARENT/GUARDIAN AND DATE ARE NOT ON WAIVER