



Kids in Christ Latchkey 2020-2021

Name Child
#1 _____ M / F ____
2020-2021
Birthday: _____ Age: _____ Grade _____
Allergies: _____
Concerns: _____
Does this child have an existing IEP? Yes No

Name Child
#2 _____ M / F ____
2020-2021
Birthday: _____ Age: _____ Grade _____
Allergies: _____
Concerns: _____
Does this child have an existing IEP? Yes No

Kids in Christ Programs		
Name √ (please select desired programs)	Times	Rate
Before School	6:00 - 8:00 AM	\$40.00 / week
"Bit" Before School	7:00 - 8:00 AM	\$30.00 / week
After School	3:20 - 6:00 PM	\$55.00 / week
"Bit" After School	3:20 - 5:00 PM	\$40.00 / week
Early Release Fridays	11:45 AM Release	\$14.00 / afternoon
Holiday Day Camp	6:00 AM - 6:00 PM	\$40.00 / day
Additional Sessions	Cost for care above weekly arrangements. <i>Approval is not guaranteed and is based on physical space and staffing levels for the requested care date and session times.</i>	\$14.00/session
Discount	AM & PM Combo Discount	\$5.00 per child
Discount	Sibling Discount	\$5.00 per add'l child (2 nd , 3 rd , ...)

Registration Fee Per Child - \$40.00

Cash receipt # _____
Check # _____
Procure-date _____

**** Registration Fee is required to participate in ANY program Kids in Christ offers throughout the school year.**

Discounts:

____ AM and PM Combo Enrollment
____ Sibling (each add'l)

Child's schedule (circle all that apply):

Morning: M - T - W - TH - F
Afternoon: M - T - W - TH - F

Please read the following important information and initial:

- 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. Parent Initials _____
- There is no vacation time given, however, we ask that you inform us of your vacation, so that we do not interrupt your family time. _____
- **Tuition is due weekly.** Failure to keep current may result in late fees of \$10 per week and/or **immediate** dismissal. Payment via MyProcure.com, Point of Sale, or check (made payable to **KIDS IN CHRIST**) preferred _____
- Hardship request **MUST** be coordinated through HACSM (Highland Area Christian Service Ministry) before special payment arrangements will be made. _____
- All students **MUST** be signed in & out by an authorized adult **EVERYDAY** via the Procure 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. _____
- 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 the additional session tuition fee pricing structure. _____
- There are no refunds. We ask that you inform us via email of any schedule changes well in advance to ensure accurate billing. _____

Kids in Christ - Friday Early Release - 11:45 - 6pm		
Day	Interest?	Pizza Preference
October 2, 2020	YES / NO	
December 4, 2020	YES / NO	
February 5, 2021	YES / NO	
May 7, 2021	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 Initials _____
- Tuition fee of \$14/day will be added onto your Procure account. Payment can be made as part of your normal KiC payment process, no later than within a week of service, via MyProcure.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 Procure 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?
Friday, October 9, 2020	Teacher's Institute	YES / NO	Wednesday, December 30, 2020	Christmas Holiday	YES / NO
Monday, October 12, 2020	Columbus Day	YES / NO	Thursday, December 31, 2020	Christmas Holiday	YES / NO
Thursday, October 22, 2020	P/T Conferences	YES / NO	Monday, January 4, 2021	Christmas Holiday	YES / NO
Friday, October 23, 2020	P/T Conferences	YES / NO	Tuesday, January 5, 2021	Teacher's Institute	YES / NO
Wednesday, November 11, 2020	Veteran's Day	YES / NO	Monday, January 18, 2021	Martin Luther King Jr. Day	YES / NO
Wednesday, November 25, 2020	Thanksgiving Break	YES / NO	Monday, February 15, 2021	Presidents' Day	YES / NO
Wednesday, December 23, 2020	Christmas Holiday	YES / NO	Thursday, April 1, 2021	Spring Holiday	YES / NO
Monday, December 28, 2020	Christmas Holiday	YES / NO	Monday, April 5, 2021	Spring Holiday	YES / NO
Tuesday, December 29, 2020	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 Initials _____
- Tuition fee of \$40/day will be added onto your Procure account. Payment can be made as part of your normal KiC payment process, no later than within a week of service, via MyProcure.com, Point of Sale, or check (made payable to **KIDS IN CHRIST**) preferred _____
- All campers **MUST** be signed in & out by a parent/guardian **EVERYDAY** via the Procure 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 **peanut-free** lunch every day. _____

Emergency Data**Parents or Guardians Residing with Student(s):**

Female Guardian's Name: _____ Relationship: _____

Phone: _____ Email: _____

Male Guardian's Name: _____ Relationship: _____

Phone: _____ Email: _____

Custodial Address: _____

Parent Not In The Home Information: _____

Release to non-custodial parent/guardian? Yes No N/A

Additional Emergency Contacts (to be used if parents/guardians cannot be reached)

#1 Name: _____ Relationship: _____ Phone#: _____

#2 Name: _____ Relationship: _____ Phone#: _____

Authorized Pick-Up List (other than Parent/Guardian):**Do Not Release To List:**

Name:	Relationship		Name:
_____	_____		_____
_____	_____		_____
_____	_____		_____

Doctor: _____

Hospital: _____

Name Child

#3 _____ M / F _

2020-2021

Birthday: _____ Age: _____ Grade _____

Allergies: _____

Concerns: _____

Does this child have an existing IEP? Yes No

Internal Use:

Reviewed by: DIR: _____ | BM: _____

Approved? - Yes / No | Yes / No

If No, reason _____

Unpaid KiA/KiC Bal? N / Y \$ _____**Emergency Release Notification**

- Please read this form carefully and be aware that in signing up and participating in the programs/activity, you will be expressly assuming the risk and liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).
- I agree that Highland Hope UMC Kids in Christ will be held free and harmless from any and all injuries occurring to my child except as to such injuries that directly result from acts of negligence on the part of the Kids in Christ Staff.
- As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the minor (listed) in the event of a medical emergency which, in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after reasonable effort has been made to reach me.
- I have read and fully understand the important information, warning of risk, and waiver of release of all claims.

PLEASE PRINT: Participant Name(s): _____

Signature of Parent/Guardian: _____ Date: _____

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