

## Kids in Christ Homework Hangout 2021-2022

Child Name:

#1 \_\_\_\_\_ M / F \_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_ 2021-2022 Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Concerns: \_\_\_\_\_

Does this child have an existing IEP? Yes No

Child Name:

#2 \_\_\_\_\_ M / F \_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_ 2021-2022 Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Concerns: \_\_\_\_\_

Does this child have an existing IEP? Yes No

| Kids in Christ Programs            |                                |                        |   |
|------------------------------------|--------------------------------|------------------------|---|
| √ (please select desired programs) | Name                           | Times                  | Rate  |
|                                    | After School Full Time         | After school – 6:00 PM | \$65.00 / week  |
|                                    | After School Part Time         | After school – 6:00 PM | Weekly fee is schedule based, \$15.00/day (2-day minimum) |
|                                    | Holiday Day Camp               | 6:00 AM – 6:00 PM      | \$40.00 / day (add'l to weekly fee)                       |
|                                    | Early Release Dates (11:00 AM) | After School – 6:00 PM | \$14 / day (add'l to weekly fee)                          |

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:

\_\_\_\_ Sibling (each add'l)

### 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. \_\_\_\_\_
- We will follow HCUSD 5 policies and guidelines. \_\_\_\_\_

Child's schedule (circle all that apply):

Afternoon: M – T – W – TH – F

(helps us with attendance if care is not required on certain days of each week)

| 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 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