



Kenyon-Wanamingo Community Education KNIGHTS KIDS CARE 2018 - 2019

Childcare Serving children ages 33 months to 6 years (not yet in Kindergarten)
School Age Care serving children Kindergarten – Grade 5

Hours: 6:00 a.m. – 6:00 p.m.

Located in the K-W Elementary School in Wanamingo and the K-W Middle/High School in Kenyon

- Locations:** K-W Elementary School Room 120 in Wanamingo and
K-W Middle/High School Room F116 in Kenyon
- Program Hours:** Open from 6:00 a.m. to 6:00 p.m. at each location.
- Program Dates:** **Open** September 4 - May 30.
Closed Sept. 3; Nov. 22, 23; Dec. 24, 25, 31; Jan. 1; Apr. 19; May 27.
- Funding Source:** The Knights Kids Program is supported by fees paid by participating families. Payments are accepted from the Child Care Assistance program. For more information contact the Social Service office of the county in which you reside.
- Registration Fee:** Registration fee is \$30 per family. Checks payable to Knights Kids.

Childcare Program Advantages (for children 33 months to 6 years not yet in Kindergarten):

- **Curriculum and Enhanced Learning Activities:** This school readiness program aligns with the Little Knights Preschool curriculum to build on social skills, math, writing, reading, music and art taught in K-W Preschool. Local field trips and guest speakers among other fun activities will keep your child interested and motivated!
- **Flexibility:** Register for childcare one to five days a week.
- **Breakfast and Lunch Options:** Available for a separate fee through K-W School Food Service program or child may bring a meal from home. Children who qualify may participate in free and reduced breakfast/lunch program.
- **Transportation Options:** Children ages 4 and older enrolled in K-W Preschool or Knights Kids may ride a rural route or shuttle bus only if a K-12 sibling is also on the bus. **3 year olds may not ride the bus.**

Daily Schedule: during the morning hours the children participate in structured choice activities, large motor activities, group time, snack and lessons based on the weekly topic. After lunch children have relaxation and nap time. For the children that do not nap, they participate in table top and structured choice activities. Outside play, snack and structured choice activities complete the program for the day. ***Note: Children need to be toilet trained/able to use the bathroom independently.**

School Age Care Program Advantages (for children kindergarten-grade 5):

- These sites offer care before school, after school, and on non-school days for children Kindergarten - Grade 5.
- A variety of experiences and activities will be offered daily.
- Flexible care options: **Morning Care Fee:** \$5.00 per day. (Breakfast fees are separate)
After School Care Fee: \$7.00 for care until 4:30 p.m. or \$10.00 for care until 6:00 p.m.
Non-school Day Fee: \$28
Drop in Fees: \$8.00 before school; \$12.00 after school; \$35 non-school days
(Must be registered; accepted on space-available basis).

Before school the sites are open from 6:00-8:00 a.m. In Kenyon, Knights Kids staff accompany students to the morning shuttle bus. Breakfast is at 7:45 a.m. in Wanamingo and is not included in the Knights Kids fee; those fees are paid directly from your child's food service account. Students may ride the shuttle bus to and from Wanamingo or Kenyon to attend the before and after school programs. In Kenyon, Knights Kids staff meet the students outside when their afternoon shuttle arrives. After School Care is available at both sites from 2:45-6:00 p.m. daily.

- Program Questions:** Kay Benzick, Knights Kids Coordinator 507-789-7028 kbenzick@kw.k12.mn.us
Katie Valek, Early Childhood Director 507-789-7016 kvalek@kw.k12.mn.us
Amy Belcher, Community Education Coordinator 507-789-7015 abelcher@kw.k12.mn.us
- Visit our website:** <http://www.kw.k12.mn.us>

Knights Kids Childcare Contract 2018 – 2019
AGES 33 MONTHS TO 6 YEARS (not yet in Kindergarten)

Return to: Kenyon-Wanamingo Community Education

Mail: 400 Sixth St., Kenyon MN 55946 **Fax:** 507-789-6104 **Email:** kbenzick@kw.k12.mn.us

Child's Name _____ Birthdate _____ Male Female

Child Resides with: Mother Father Both Person Responsible for payments _____

Parent/Guardian Name (1): _____ Email: _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Parent/Guardian Name (2): _____ Email: _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Initials _____ **This contract begins September 4, 2018 and ends May 30, 2019.** We will bill you for the days of the week you indicate per your contract unless the Childcare is closed due to a staff holiday. Contract will only be changed if a change of contract form is submitted. If you consistently need to add days we will request you change your contract. **Please Note:** Children need to be toilet trained and be able to use the bathroom independently. Children should be able to put on/ take off their own jacket, boots and hats. However, there is plenty of help from the staff for zippers, shoelaces and mittens as needed.

Initials _____ **Parent/guardian will be charged the daily rate based upon the Knights Kids Childcare contract options selected in the box below.** Payments are required when a child is not in attendance due to illness, personal reasons or inclement weather (Knights Kids is open on inclement weather days and is included as part of the contracted days). You will not be charged if a staff holiday occurs on your contracted day. Families will be billed every two weeks and statements will be put in family mail slots onsite. Payments are expected by the due date on the statement; otherwise a \$15 late fee will be assessed. Failure to make payments on time will result in termination from the program. If one payment is missed, service will be discontinued and prepayment may be required for future attendance.

Initials _____ I will make payment by check (payable to Knights Kids), online payments at <http://www.kw.k12.mn.us> or cash. A \$20 charge will be assessed for all returned (NSF) checks.

Initials _____ Knights Kids closes at 6:00 pm and that a fee of \$1 for every minute after 6:00 pm will be assessed for late pickup. **Three (3) warnings** within a one-year period will result in dismissal from the Knights Kids Program.

OPTION 1: CONTRACTED DAYS WITH \$5 DISCOUNT ON PRESCHOOL DAYS

- Check the location and days your child will attend. Days that are checked will be your child's contracted days.
- Preschool day Fee (\$23 per day → SAVE \$5 on your child's preschool days).
- Non-Preschool day Fee (\$28 per day).

Kenyon Wanamingo

Monday Tuesday Wednesday Thursday Friday

OPTION 2: FLEXIBLE CALENDAR CONTRACT

- Check the location your child will attend and days your child is likely to attend.
- Fill out a monthly attendance calendar and turn it in by due date listed on the calendar.
- Once a calendar is turned in, the parent is responsible for payment according to the submitted calendar.
- There will be no refunds for calendar changes or scheduled days missed.
- Knights Kids Childcare Fees (\$30 per day; \$35 drop in per day; \$5 discount on preschool days does not apply).

Kenyon Wanamingo DROP IN

Monday Tuesday Wednesday Thursday Friday

Transportation Information: Children ages 4 and older enrolled in K-W Preschool or Knights Kids may ride a rural route bus (please indicate bus number) or shuttle bus only if a K-12 sibling is also on the bus. 3 year olds may not ride the bus. It is the parent's responsibility to let the bus driver know when your child/children will or will not be riding the school bus. **RURAL ROUTE BUS #** _____

Arrival: Parent drop-off Shuttle Bus from Kenyon Shuttle Bus from Wanamingo Rural Route Bus

Departure: (please circle appropriate location) Kenyon/Wanamingo Parent Pickup Kenyon/Wanamingo Rural Route Bus

Shuttle Bus to Kenyon / Wanamingo for Rural Route Bus Shuttle bus to Kenyon / Wanamingo for Knights Kids Learning Center

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____

Registration fee per family due with registration: \$30 Amount \$ _____ Cash Check # _____ Date Rcvd: _____

Visa MC _____ Exp. Date ____/____/____

Knights Kids School Age Care Contract 2018 – 2019
KINDERGARTEN – GRADE 5

Return to: Kenyon-Wanamingo Community Education

Mail: 400 Sixth St., Kenyon MN 55946 **Fax:** 507-789-6104 **Email:** kbenzick@kw.k12.mn.us

Child's Name (1): _____ Birthdate: _____ Grade: K 1 2 3 4 5 Male Female

Start Date: _____ Circle days likely to attend: Monday Tuesday Wednesday Thursday Friday Drop In

Mornings: Kenyon Wanamingo Afterschool: Kenyon Wanamingo Non-school days: Kenyon Wanamingo

Child's Name (2): _____ Birthdate: _____ Grade: K 1 2 3 4 5 Male Female

Start Date: _____ Circle days likely to attend: Monday Tuesday Wednesday Thursday Friday Drop In

Mornings: Kenyon Wanamingo Afterschool: Kenyon Wanamingo Non-school days: Kenyon Wanamingo

Child Resides with: Mother Father Both **Person Responsible for payments** _____

Parent/Guardian Name (1): _____ Email: _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Parent/Guardian Name (2): _____ Email: _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Initials _____ I am enrolling my child/ren in the Knights Kids School Age Care program and will complete and submit a child's attendance calendar by the calendar due date. Once a calendar is submitted I am responsible for payment for the dates indicated on my child's attendance calendar. There will be no refunds for calendar changes or scheduled days missed. Inclement weather days will be registered for separately.

Initials _____ I am responsible for full payment of childcare according to my bill. Families will be billed every two weeks and statements will be put in family mail slots onsite. Payments are expected by the due date on the statement; otherwise a \$15 late fee will be assessed. Failure to make payments on time will result in termination from the program. If one payment is missed, service will be discontinued and prepayment may be required for future attendance.

Initials _____ I will make payment by check (payable to Knights Kids), online payments at <http://www.kw.k12.mn.us> or cash. A \$20 charge will be assessed for all returned (NSF) checks.

Initials _____ I am responsible for calling Knights Kids if my child is ill or will not attend a scheduled day. Search fee of \$5.00 will be billed to my account if Knights Kids needs to locate my child. If my child was scheduled to attend and doesn't, I will be charged my child's rate for that day.

Initials _____ Knights Kids closes at 6:00 pm and that a fee of \$1 for every minute after 6:00 pm will be assessed for late pickup. **Three (3) warnings** within a one-year period will result in dismissal from the Knights Kids Program.

Parent/Guardian Signature _____ Parent/Guardian Signature _____ Date _____

Registration fee per family due with registration: \$30 Amount \$ _____ Cash Check # _____ Date Rcvd: _____

Visa MC _____ Exp. Date ____/____/____

KNIGHTS KIDS PERMISSION & RELEASE and HEALTH INFORMATION

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Emergency Contact / Authorized Pick-Up

Name of friends or relatives to call in case of illness or emergency if you cannot be reached. Emergency contact MUST be local and at least 18 years old. Authorized pick-up person MUST be over 13 years of age.

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Persons **NOT** authorized to take child from the program. (Copies of legal documents MUST be provided to the program coordinator before any staff person can actively prevent non-custodial parent from picking up their child.)

1. _____ 2. _____

Initials _____ **Publicity:** In the event that students in this program are included in any newspaper, radio, television or social media, I give permission for my child to be included in the pictures and the release of his/her names.

Initials _____ **Field Trip:** Field trips may be planned from time to time as part of the activities this program. I give my consent for my child to take part in field trips under proper supervision. I understand that I will receive prior notification of all field trips out of town. Outings off school grounds that stay in town, may not have prior notification.

Initials _____ **Transportation:** I give my consent to Knights Kids to transport my child in a school issued vehicle to activities and fieldtrips.

Initials _____ **Movies:** I give permission for my child to view "PG" movies, content to be viewed by staff prior to showing.

Initials _____ **Exchange of Information:** I give my consent to an exchange of information between my child's Knights Kids and other Kenyon-Wanamingo Public School professional staff whenever it would benefit my child.

Initials _____ **Medical Emergencies:** I give my permission to Knights Kids to make whatever emergency measures are judged necessary for the care and protection of my child while under supervision at Knights Kids.
In the case of a medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local emergency resource (police or ambulance crew) deems it necessary. I will be responsible for the cost of the transportation and any and all medical charges. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent and/or another adult acting on the parent's behalf. Medical insurance coverage for children is the responsibility of the child's family or guardian.

Initials _____ **Non-Prescription Medication Permission:** I hereby give my permission to apply or administer any of the following which have been checked.

- Sunscreen (must be provided in labeled container by parent)
- Insect repellent (must be provided in labeled container by parent)
- Medical Supplies: such as band aids, adhesive tape, antiseptic wipes, ice packs, etc...

Initials _____ **Immunization Form:** My child's forms are on file with KW School Nurse, Little Knights Preschool or Knights Kids.

Office verified forms are on file. Knights Kids Staff Initials _____

Initials _____ **Policy Agreement:** I recognize my responsibility to respect the rules of the Knights Kids program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

Personal Information about child: Please "X" by any of the following health concerns that apply to your child:

- | | | | |
|------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Bladder/Bowel Problems | <input type="checkbox"/> Hearing or Vision Problems | <input type="checkbox"/> Other, please list |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Bloody Noses | <input type="checkbox"/> Latex Allergy | _____ |
| <input type="checkbox"/> Allergy to Bee Stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Peanut Allergy | _____ |
| <input type="checkbox"/> Asthma/Inhalers | <input type="checkbox"/> Epi Pen | <input type="checkbox"/> Seizures | _____ |

Special interests or favorite activities of your child: _____

Any additional information: _____

Parent/Guardian Signature

Parent/Guardian Signature

Date