

# Kenyon-Wanamingo Community Education SUMMER KNIGHTS KIDS 2018



Learn • Play • Belong

Childcare Serving children ages 33 months to Grade 5  
(grade during the 2018 - 2019 school year)

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** June 4 – August 24.  
**Closed** June 1, July 4, August 27 – 31.
- 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:** Early Bird Registration fee is \$20 for new families or non-continuous users who register by May 4<sup>th</sup>. For current families that register by May 4<sup>th</sup>, registration is \$15. For all registrations received after May 4<sup>th</sup> the registration fee will be \$30. Checks payable to Knights Kids.
- Rates:** **Option 1** → \$28.00 per day (**Scheduled full-time** - at least 4 days per week, 10 weeks of the summer)  
**Option 2** → \$30.00 per day (**Scheduled part-time** - at least 2-3 days per week, 10 weeks of the summer)  
**Option 3** → \$35.00 per day (**Drop-In and Varied Schedule**)

## Information at a Glance

- Registration begins immediately; space is available on a first come, first serve basis with **paid** registration fee.
- Summer scheduling policies are different than during the school year.
  - **Option 1** → Minimum of 4 days per week, 10 weeks of the summer is scheduled **and** the attendance calendar for **all three months** (June, July and August) are submitted no later than May 23, 2018.
  - **Option 2** → Minimum of 2 days per week, 10 weeks of the summer is scheduled **and** the attendance calendar for **all three months** (June, July and August) are submitted no later than May 23, 2018.
  - **Option 3** → Drop-In and Varied scheduled are submitted monthly and attendance calendar are due as follows: June is due May 23; July is due June 13; August is due July 11.
- Knights Kids offers enrichment and recreation based opportunities designed for your child's age group.
- Camp themes, swimming at the local pool twice a week, walking field trips and special activities.
- Parents provide lunch for their child each day. White 1% milk will be provided by the Knights Kids program.
- A morning and an afternoon snack is provided by the Knights Kids program.
- Staff are selected for their program skills, experience and ability to work with children.
- Children need to attend to their own personal hygiene. They need to be toilet trained/able to use the bathroom independently.
- Knights Kids is closed June 1, August 27 – 31 for cleaning and staff development opportunities.
- The following programs are available for an additional charge:
  - K-W Community Education Summer Recreation and Enrichment programs.
  - Swimming at the Wanamingo or Kenyon Pool on Monday and Thursday afternoons. Swim days may be added and will be posted at the Knights Kids site. Use your pool pass or bring money for the daily fee.
- Parents will need to make arrangement to get their child to and from swim lessons. Knights Kids staff will not be able to provide this service.

Daily Schedule: During the morning hours the children participate in structured choice activities, large motor activities, morning meeting, morning snack and activities based on the camp theme. After lunch children have relaxation and nap time except for on swim days. For the children that do not nap, they participate in table top and structured choice activities. More camp theme activities, afternoon snack, outside play and structured choice activities complete the program for the day.

**Program Questions:** Kay Benzick, Knights Kids Coordinator 507-789-7028 [kbenzick@kw.k12.mn.us](mailto:kbenzick@kw.k12.mn.us)  
Katie Valek, Early Childhood Director 507-789-7016 [kvalek@kw.k12.mn.us](mailto:kvalek@kw.k12.mn.us)  
Amy Belcher, Community Education Coordinator 507-789-7015 [abelcher@kw.k12.mn.us](mailto:abelcher@kw.k12.mn.us)

**Visit our website:** <http://www.kw.k12.mn.us>

**Summer Knights Kids Contract 2018**  
**AGES 33 MONTHS TO GRADE 5 (grade during the 2018-2019 school year)**

Return to: Kenyon-Wanamingo Community Education

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

**Child's Name (1):** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: PK K 1 2 3 4 5 Male  Female

**Child's Name (2):** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: PK K 1 2 3 4 5 Male  Female

Will attend Knights Kids in: 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 Summer Knights Kids program and will complete and submit an attendance calendar by May 23<sup>rd</sup> **OR** the monthly calendar due dates. Once the calendars are submitted I am responsible for payment for dates indicated on my child's attendance calendar. There will be no refunds for calendar changes or scheduled days missed.

**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** \_\_\_\_\_ 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.

**INITIAL ONE OF THE THREE OPTIONS BELOW**

**Initials** \_\_\_\_\_ **Option 1 → Full-Time:** Minimum of 4 days per week, 10 weeks of the summer is scheduled **and** the attendance calendar for **all three months** (June, July and August) are submitted no later than May 23, 2018.

**Initials** \_\_\_\_\_ **Option 2 → Part-Time:** Minimum of 2 days per week, 10 weeks of the summer is scheduled **and** the attendance calendar for **all three months** (June, July and August) are submitted no later than May 23, 2018.

**Initials** \_\_\_\_\_ **Option 3 → Drop-In and Varied Schedule:** Drop-In with 24 hour notice or submit monthly attendance calendar as follows: June is due May 23; July is due June 13; August is due July 11.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Registration fee per family is due with this form.**

**NEW FAMILIES:** \$20 (by May 4)  \$30 (after May 4)  **CURRENT FAMILIES:** \$15 (by May 4)  \$30 (after May 4)

Amount \$ \_\_\_\_\_ Cash  Check  # \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

Visa  MC  \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

# KNIGHTS KIDS PERMISSION & RELEASE and HEALTH INFORMATION

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 (i.e. first aid, disaster evacuation) 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)
- Insect repellent (must be provided in labeled container)
- Medical Supplies: such as band aids, adhesive tape, antiseptic wipes, ice packs, etc...

**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:

- |                          |                           |                               |                       |
|--------------------------|---------------------------|-------------------------------|-----------------------|
| ___ADD                   | ___Bladder/Bowel Problems | ___Hearing or Vision Problems | ___Other, please list |
| ___ADHD                  | ___Bloody Noses           | ___Latex Allergy              | _____                 |
| ___Allergy to Bee Stings | ___Diabetes               | ___Peanut Allergy             | _____                 |
| ___Asthma/Inhalers       | ___Epi Pen                | ___Seizures                   | _____                 |

Special interests or favorite activities of your child: \_\_\_\_\_

Any additional information: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date