

Kenyon Wanamingo School District #2172

COVID Hybrid and Distant Learning Contract

2020 - 2021

Please read the policies specific to each program:

Hybrid / Distant Learning for Kindergarten – 12 years of age: If your child is in Kindergarten through age 12 and you need care for your child during Hybrid / Distant Learning, complete the information in the box below indicating the type of service you need for care and complete the Permission & Release and Health History information on the reverse side of this form. **Hours are 8:00 am – 3:00 pm** and the daily fee for this service is \$32.00. **No charges for children of eligible Tier 1 employees per Governors Order 20-82. To obtain free care, documents for Tier 1 employee needs to be on file with this contract.**

Hybrid / Distant Learning for Kindergarten – grade 5 with Before and After School options: If your child is in Kindergarten through grade 5 and you need care for your child at the Knights Kids before and after school program, turn in a completed Knights Kids School Age Care Contract and registration fee. Complete the information in the box below indicating the type of service you need for care and complete the Permission & Release and Health History information on the reverse side of this form. The daily fee for this service is \$32.00. Space in before and after care is limited and will be accepted on a first come basis.

- Staffing is set based on pre-registration. Registrations will **NOT** be accepted on the same day care is needed.
- Inclement Weather Care is not included during Hybrid and Distant Learning days.
- Program Questions: Amy Belcher, Community Education Director 507-789-7015 abelcher@kw.k12.mn.us

Initials _____ I am responsible for full payment of childcare according to my bill. Families will be billed every two weeks and statements will be emailed. 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 understand that I will be billed for the service selected below whether my child attends or not.

Initials _____ I will make payment by check (payable to KW Community Education), 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 if my child is ill or will not attend a scheduled day. Search fee of \$5.00 will be billed to my account if staff need to locate my child. If my child was scheduled to attend and does not, I will be charged my child's rate for that day. Kenyon 507-789-7010 & Wanamingo 507-789-7018

Initials _____ Hybrid / Distant Learning closes at 3:00 pm.

Child's Name: _____ **Birthdate** _____ **Male** **Female**

Teachers Name: _____ **Grade:** K 1 2 3 4 5 6 7

SELECT THE OPTION BELOW BY INITIALLING ON THE LINE PROVIDED NEXT TO THE SERVICE NEEDED. Families will have the flexibility to change options at the end of each quarter by submitting an updated Contract.

Initials _____ **Hybrid Learning for Kindergarten – 12 years of age (\$32/day for non-tier 1)**
 Kenyon Wanamingo Qualify for Tier 1 (must provide documentation)

Initials _____ **Distant Learning for Kindergarten – 12 years of age (\$32/day for non-tier 1)**
 Kenyon Wanamingo Qualify for Tier 1 (must provide documentation)

Initials _____ **Hybrid Learning for Kindergarten – grade 5 with Before and After School option**

- Daily Fee \$32 per day for non-Tier 1; KK Before and After rates for Tier 1 Kenyon Wanamingo
- Before school and after school Knights Kids School Age Contract and registration fee must be completed

Initials _____ **Distant Learning for Kindergarten – grade 5 with Before and After School option**

- Daily Fee \$32 per day for non-Tier 1; KK Before and After rates for Tier 1 Kenyon Wanamingo
- Before school and after school Knights Kids School Age Contract and registration fee must be completed

Parent/Guardian Signature

Parent/Guardian Signature

Date

COVID PERMISSION & RELEASE and HEALTH INFORMATION

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 (_____) _____

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

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 _____

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 _____ **Transportation:** I give my consent to Kenyon-Wanamingo Public School District to transport my child in a school issued vehicle to activities.

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 Teacher and other Kenyon-Wanamingo Public School professional staff whenever it would benefit my child.

Initials _____ **Medical Emergencies:** I give my permission to Kenyon-Wanamingo Public School District 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 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:** Current Immunization Form for your child submitted with this contract or on file with Kenyon-Wanamingo Public School District Nurse.

Initials _____ **Student Handbook:** I have read and understand the contents of the Kenyon Wanamingo Public School District Student Handbooks. I agree to abide by the policies contained within.

Initials _____ **Policy Agreement:** I recognize my responsibility to respect the rules of the Kenyon Wanamingo Public School District 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	___ Asthma/Inhalers	___ Diabetes	___ Other, please list
___ ADHD	___ Bladder/Bowel Problems	___ Hearing or Vision Problems	_____
___ Allergies*	___ Bloody Noses	___ Seizures	_____

***Allergy Information Form needs to be completed.**

Any additional information: _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____