

Kenyon-Wanamingo Community Education
KNIGHTS KIDS CARE 2024 - 2025

Certified 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.

Locations: K-W Elementary School Room 120 in Wanamingo
K-W Middle/High School Room F116 in Kenyon

Program Hours: Open 6:00 a.m. to 6:00 p.m. in Wanamingo; school days, early release days, non-school days.
Open ***Before School*** 6:00 – 7:20 a.m. & ***After School*** 3:10 – 6:00 p.m. in Kenyon; ***school days only***.

Program Dates: **Open:** September 3, 2024 – May 29, 2025.
Open on Early Release Days: Oct. 9; Dec. 11; Feb. 12; Mar. 12; Apr. 9; May 14.
Open on Non-School Days: Sept. 3 & 4; Oct. 17 & 18; Nov. 4 & 27; Dec. 23, 26, 27 & 30; Jan. 20; Feb. 17; Mar. 17; Apr. 21.
Closed: Sept. 2; Nov. 28, 29; Dec. 24, 25, 31; Jan.1; Apr. 19; May 26 & 30.

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: Non-refundable registration fee is $50 per family. Space is available on a first-come, first-served basis with **completed paperwork and paid registration fee.** Checks payable to Knights Kids.

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

- Location: Program will operate 8:00 a.m. to 2:45 p.m. at the Wanamingo site with before and after school care provided at Kenyon and Wanamingo sites. Knights Kids is open ***only*** at the Wanamingo site on scheduled Early Release Days, Non-School Days, and Inclement Weather Days.
- Curriculum and Enhanced Learning Activities: The Knights Kids program uses curriculum that works collaboratively with the Little Knights Preschool curriculum to build on social skills, math, writing, reading, music and art taught in preschool.
- Flexibility: Register for childcare three to five days a week.
- Breakfast and Lunch Options: Breakfast and Lunch meals are free for all participants through the K-W School Food Service program or child may bring a meal from home.
- Transportation Options: Children ages 4 and older enrolled in Knights Kids may ride a rural route or shuttle bus *only if a K-12 sibling or a Bus Buddy is also on the bus*. **3-year-old 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 unit of study. After lunch children have relaxation and nap time. For the children that do not nap, they participate in tabletop 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):

- ***Kenyon site*** offers care before school and after school for children Kindergarten - Grade 5. Program hours are 6:00 to 7:20 a.m. and 3:10 to 6:00 p.m. on school days only.
- ***Wanamingo site*** offers care before school, after school, on non-school days and scheduled early release days for children Kindergarten - Grade 5. Program hours are 6:00 a.m. to 6:00 p.m.
- A variety of experiences and activities will be offered daily.
- Flexible care options: Full Time and Part Time contracts. Drop-In is available on a space available basis.
- Inclement Weather Care is registered for separately; care is available at Wanamingo site only.

Kenyon and Wanamingo Knights Kids sites open at 6:00 a.m. In Kenyon, Knights Kids staff accompany students to the morning shuttle bus. Breakfast is at 7:35 a.m. in Wanamingo (Shuttle bus children upon arrival to Wanamingo). 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 when their afternoon shuttle arrives. After School Care is available at both sites daily.

Program Questions: Kay Benzick, Knights Kids Coordinator 507-789-7028 kbenzick@kw.k12.mn.us
School District website: http://www.kw.k12.mn.us
For more information and to view the Knights Kids Parent Handbook online: Knights Kids Childcare - Kenyon - Wanamingo Schools (kw.k12.mn.us)

FEES for 2024 – 2025 School Year

Ages 33 mo. – 6 yrs. (not yet in Kindergarten)

CHILDCARE FEES	FULL TIME CONTRACT 5 days a week	PART TIME CONTRACT 3-4 days a week	DROP-IN Space available basis
PRESCHOOL DAY	$29	$31	$41
NON-SCHOOL DAY Includes non-preschool days	$34	$36	$41

School Age Care — Kindergarten – Grade 5

SCHOOL AGE FEES	FULL TIME 5 days a week	PART TIME 3 – 4 days a week	DROP-IN Space available basis
BEFORE SCHOOL	$8	$9	$11
AFTER-SCHOOL UNTIL 4:30 PM	$10	$11	$16
AFTER SCHOOL UNTIL 6:00 PM	$13	$14	$16
EARLY RELEASE DAY	$24	$26	$31
NON-SCHOOL DAY	$34	$36	$41
INCLEMENT WEATHER FEES School Age register for this service separately	Fees based on FULL TIME CONTRACTS	Fees based on PART TIME CONTRACTS	DROP-IN NOT AVAILABLE
ENTIRE DAY	34	36	
LATE START	13	14	
EARLY RELEASE	24	26	

Registering priority will be given to families registering for Full Time, followed by Part Time.

Registration Forms on the following pages

Page 3 – 4 **33 mo. – 6 yrs. (not yet in Kindergarten)**
Page 5 – 6 **School Age Kindergarten – Grade 5**

Knights Kids Childcare Contract 2024 – 2025
AGES 33 MONTHS TO 6 YEARS (not yet in Kindergarten)

Mail to: *Kenyon-Wanamingo Community Education, 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 starts on the date I indicated in the box below and ends on May 29. I will be charged the daily rate based upon the Knights Kids Childcare contract option selected in the box below.** There will be no refunds given for contracted days once billed and for scheduled days missed. Payments are required for contracted days regardless of attendance including absences due to illness, personal reasons, or inclement weather (Knights Kids is open in **Wanamingo ONLY** on Inclement Weather days and is included in the contracted days). I will not be charged if a staff holiday occurs on a contracted day. Additional days added to Part Time contracts will be billed at a drop-in rate***. 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 with zippers and mittens as needed.

Initials_____ Contract Changes: One contract change per school year is allowed, must give two business days' notice. Additional contract changes will be billed $25. Drop-in fee will be charged for added days up to the following billing cycle on all contract changes. Two-week notice is required to terminate this contract.

Initials_____ I am responsible for full payment of childcare according to my bill. Families will be billed every two weeks (see attached schedule) and statements will be emailed. Payments are expected by the due date on the statement; otherwise, a $15 late fee will be assessed. I understand that if I fail to make payments on time, childcare services will be suspended until full payment is received.

Initials_____ I will complete an Automated Payment Processing Form to be used when other form of payment has not been made by the statement due date.

Initials_____ My child is enrolled in Little Knights preschool. Knights Kids staff have permission to take my child to and from preschool.

Initials_____ I will make payment by check (payable to Knights Kids), online payments at MyProcare Login | Online Parent Portal or cash. A $20 charge will be assessed for all returned (NSF) checks and declined credit/debit cards.

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.

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.

CONTRACT START DATE: _____ ***ARRIVAL TIME:*** _____ ***DEPARTURE TIME:*** _____

Initials_____ **FULL TIME: CONTRACTED 5 DAYS A WEEK, Monday through Friday**

- Preschool day Fee ($29 per day → SAVE $5 on your child's preschool days).
- Non-Preschool day Fee ($34 per day).

Initials_____ **PART TIME: CONTRACTED 3 – 4 DAYS A WEEK, Days that are checked below will be my child's contracted days**

- Preschool day Fee ($31 per day → SAVE $5 on your child's preschool days).
- Non-Preschool day Fee ($36 per day).

Monday ❒ **Tuesday ❒** **Wednesday ❒** **Thursday ❒** **Friday ❒**

TRANSPORTATION INFORMATION: Check appropriate boxes.

Arrival:	Wanamingo Parent Drop-off ❒	Wanamingo Rural Route **Bus #**_____ ❒
	Kenyon Parent Drop-off ❒	Shuttle Bus from Kenyon ❒
Departure:	Wanamingo Parent Pick-up ❒	Wanamingo Rural Route **Bus #**_____ ❒
	Shuttle bus to Kenyon Knights Kids ❒	Shuttle Bus to Kenyon for Rural Route **Bus #**_____ ❒

Children ages 4 and older enrolled in Knights Kids may ride a rural route bus (please indicate bus number) or shuttle bus *only if a K-12 sibling or a bus buddy is also on the bus*. **3-year-old 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 route bus. **SIBLING or BUS BUDDY's NAME:** _____

_____ _____ _____

Parent/Guardian Signature Parent/Guardian Signature Date

Registration fee per family due with registration: $50 Amount $_____ **Cash ❒** **Check ❒ #**_____ ***Date Rcvd:*** _____

Visa, MasterCard, Discover, AMEX _____ _____ _____ _____ **Exp. Date** _____/_____ **Security Code** _____

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 of this program. I give 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 staff 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 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 below.

- ❒ 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 is on file with Knights Kids.

Initials_____ **Parent Handbook:** I have read and understand the contents of the Knights Kids Handbook. I agree to abide by the policies contained within. Handbook online: Knights Kids Childcare - Kenyon - Wanamingo Schools (kw.k12.mn.us)

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	___ ***Asthma/Inhalers****	___***Diabetes****	___Other, please list
___ADHD	___Bladder/Bowel Problems	___Hearing or Vision Problems	_____
___***Allergies****	___Bloody Noses	___ Seizures	_____

Forms and action plans need to be on file at Knights Kids. Contact kbenzick@kw.k12.mn.us for more information.

Special interests or favorite activities of your child: _____

Any additional information: _____

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

Knights Kids School Age Care Contract 2024 – 2025
KINDERGARTEN – GRADE 5

Mail to: *Kenyon-Wanamingo Community Education 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 ❒

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

Child/Children Reside 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 starts on the date I indicated in the box below and ends on May 29. I will be charged the daily rate based upon the Knights Kids Childcare contract option(s) selected in the box below.** There will be no refunds given for contracted days once billed and for scheduled days missed. Payments are required for contracted days regardless of attendance, including absences due to illness and personal reasons. I will not be charged if a staff holiday occurs on a contracted day. Additional days added to Part Time contracts will be billed at a drop-in rate.

Initials_____ Contract Changes: One contract change per school year is allowed, must give two business days' notice. Additional contract changes will be billed $25. Drop-in fee will be charged for added days up to the following billing cycle on all contract changes. Two-week notice is required to terminate this contract.

Initials_____ I am responsible for full payment of childcare according to my bill. Families will be billed every two weeks (see attached schedule) and statements will be emailed. Payments are expected by the due date on the statement; otherwise, a $15 late fee will be assessed. I understand that if I fail to make payments on time, childcare services will be suspended until full payment is received.

Initials_____ I will complete an Automated Payment Processing Form to be used when other form of payment has not been made by the statement due date.

Initials_____ I will make payment by check (payable to Knights Kids), online payments at MyProcare Login | Online Parent Portal or cash. A $20 charge will be assessed for all returned (NSF) checks and declined credit/debit cards.

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.

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.

CONTRACT START DATE: _____ ***ARRIVAL TIME:*** _____ ***DEPARTURE TIME:*** _____

Select Location: **Kenyon ❒** **Wanamingo ❒**

Select Services: **Before School ❒** **After School ❒** **Non-School Days ❒** **Early Release Days ❒**

Initials_____ **FULL TIME: CONTRACTED 5 DAYS A WEEK, Monday through Friday**

- FEES: Before School ($8); After School (4:30 pm $10), (6:00 pm $13); Early Release ($24); Non-School ($34).

Initials_____ **PART TIME: CONTRACTED 3 – 4 DAYS A WEEK, Days that are checked below will be my child's contracted days**

- FEES: Before School ($9); After School (4:30 pm $11), (6:00 pm $14); Early Release ($26); Non-School ($36)
- **I will be billed according to contracted days checked.**

Monday ❒ **Tuesday ❒** **Wednesday ❒** **Thursday ❒** **Friday ❒**

Inclement weather days are registered for separately.

_____ _____ _____

Parent/Guardian Signature Parent/Guardian Signature Date

Registration fee per family due with registration: $50 Amount $_____ **Cash ❒** **Check ❒ #**_____ ***Date Rcvd:*** _____

Visa, MasterCard, Discover, AMEX _____ _____ _____ _____ **Exp. Date** _____/_____ **Security Code** _____

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 of this program. I give 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 staff 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 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 below.

- ❒ 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 is on file with Knights Kids.

Initials_____ **Parent Handbook:** I have read and understand the contents of the Knights Kids Handbook. I agree to abide by the policies contained within. Handbook online: Knights Kids Childcare - Kenyon - Wanamingo Schools (kw.k12.mn.us)

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	___ ***Asthma/Inhalers****	___***Diabetes****	___Other, please list
___ADHD	___Bladder/Bowel Problems	___Hearing or Vision Problems	_____
___***Allergies****	___Bloody Noses	___ Seizures	_____

Forms and action plans need to be on file at Knights Kids. Contact kbenzick@kw.k12.mn.us for more information.

Special interests or favorite activities of your child: _____

Any additional information: _____

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