



Kenyon-Wanamingo Community Education KNIGHTS KIDS CARE 2023 - 2024

**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 5, 2023 – May 30, 2024.
Open on Early Release Days: Oct. 11; Dec. 13; Feb. 14; Mar. 13; Apr. 10; May 8.
Open on Non-School Days: Sept. 5 & 6; Oct. 19 & 20; Nov. 6 & 22; Dec. 26, 27 & 28; Jan. 15 & 22; Feb. 19; Mar. 18; Apr. 1.
Closed: Sept. 4; Nov. 23, 24; Dec. 22, 25 & 29; Jan. 1; Mar. 29; May 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:** Non-refundable registration fee is \$40 per family. Space is available on a first come, first serve 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 two 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 meal program. Ask for an *Application for Educational Benefits* form to see if you qualify.
- **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) 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 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
Amy Belcher, Community Education Director 507-789-7015 abelcher@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 \(kw.k12.mn.us\)](http://www.kw.k12.mn.us/KnightsKidsChildcare-Kenyon-WanamingoSchools)

FEES for 2023 – 2024 School Year

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

CHILDCARE FEES	FULL TIME CONTRACT 5 days a week	PART TIME CONTRACT 2-4 days a week	DROP-IN Space available basis
PRESCHOOL DAY	\$27	\$29	\$39
NON-SCHOOL DAY Includes non-preschool days	\$32	\$34	\$39

School Age Care

Kindergarten – Grade 5

SCHOOL AGE FEES	FULL TIME 5 days a week	PART TIME 2 – 4 days a week	DROP-IN Space available basis
BEFORE SCHOOL	\$7	\$8	\$10
AFTER-SCHOOL UNTIL 4:30 PM	\$9	\$10	\$15
AFTER SCHOOL UNTIL 6:00 PM	\$12	\$13	\$15
EARLY RELEASE DAY	\$22	\$24	\$29
NON-SCHOOL DAY	\$32	\$34	\$39
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	32	34	
LATE START	12	13	
EARLY RELEASE	22	24	

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 2023 – 2024
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 indicated in the box below and ends **May 30, 2024**. 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 for scheduled days missed. Payments are required when a child is not in attendance 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. Contract will only be changed if a change of contract is submitted. If I consistently need to add days, a change of contract will be required. **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, and mittens as needed.

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 get my child to and from preschool.

Initials _____ I will make payment by check (payable to Knights Kids), online payments at [MyProcure Login | Online Parent Portal](#) 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.

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

Initials _____ **FULL TIME: CONTRACTED 5 DAYS A WEEK**

- Preschool day Fee (\$27 per day → SAVE \$5 on your child's preschool days).
- Non-Preschool day Fee (\$32 per day).

Initials _____ **PART TIME: CONTRACTED 2 – 4 DAYS A WEEK**

- Preschool day Fee (\$29 per day → SAVE \$5 on your child's preschool days).
- Non-Preschool day Fee (\$34 per day).
- Check the days below that care is needed. **Days that are checked will be my child's contracted days.**

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: \$40 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 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 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 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 \(kw.k12.mn.us\)](http://knightskidschildcare-kenyon-wanamingo.schools.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 2023 – 2024

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 _____ 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 for scheduled days missed. Payments are required when a child is not in attendance due to illness or personal reasons. I will not be charged if a staff holiday occurs on a contracted day. Contract will only be changed if a change of contract is submitted. If I consistently need to add days, a change of contract will be required. Inclement weather care 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 (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.

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.

Check the location your child will attend.

Kenyon ☐ Wanamingo ☐

Initials _____

FULL TIME: CONTRACTED 5 (FIVE) DAYS A WEEK

Monthly Calendars are not needed!

- This contract starts on (fill in date) _____ and ends May 30, 2024.
- **ARRIVAL TIME:** _____ **DEPARTURE TIME:** _____
- FEES: Before School (\$7); After School (4:30 pm \$9), (6:00 pm \$12); Early Release (\$22); Non-School (\$32).
- Care that is checked below will be my child's contracted days.
- **I will be billed according to contracted days checked.**

Before School ☐

After School ☐

Non-School Days ☐

Early Release Days ☐

Initials _____

PART TIME: CONTRACTED 2 – 4 DAYS A WEEK

- This contract is billed per the monthly calendars I submit.
- FEES: Before School (\$8); After School (4:30 pm \$10), (6:00 pm \$13); Early Release (\$24); Non-School (\$34)

Inclement weather days are registered for separately.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____

Registration fee per family due with registration: \$40 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 _____

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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.

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___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