

The Kids Klub, Inc. Enrollment Form

Last Name (Legal) _____ First Name (Legal) _____

Nickname _____ Date of Birth _____

Gender _____ Expected Start Date: ____/____/____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ School Attending _____

Grade _____ Teacher _____

Family Information:

Guardianship Information

Custody:

- Both parents
 Father Only
 Mother Only
 Foster Family

- Joint Custody
 Legal Guardian
 Grandparent Only

Student lives with: _____

Restrictions for Custody (if applicable) _____

Legal Documentation on File Yes No (if yes, you must provide us with a copy)

Parent #1 Name

Last Name _____ First Name _____

Workplace _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent #2 Name

Last Name _____ First Name _____

Workplace _____ Work Phone _____

Cell Phone _____ Email Address _____

OVER PLEASE

Emergency Numbers: List names, addresses, & phone numbers of two people who can be notified in case of emergency when parents/guardians are not available:

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Relationship _____

Relationship _____

List names of people authorized to pick up your child (in addition to those emergency contacts listed above):

_____ Relationship: _____ Phone # _____

_____ Relationship: _____ Phone # _____

_____ Relationship: _____ Phone # _____

_____ Relationship: _____ Phone # _____

_____ Relationship: _____ Phone # _____

The Program Director or Lead Teacher must be notified of any changes in the above departure procedure. Children will not be released to anyone but those listed above. Please have photo identification available for verification upon pick-up.

Departure Procedures:

General time you plan to pick your child up each day: _____

My child will be attending:

Full-time (\$135.00 per month) 13 days or more _____

Part-time (\$ 8.00 per day) _____

If part-time, what days will your child be attending: _____

How did you hear about us? _____

Are there any goals that you would like us to work towards with your child? If so, what are they: _____

The Kids Klub, Inc. Medical Information Form

My child, _____, has permission to attend The Kids Klub, Inc.: An After-School Adventure program located at 506 South A Street, Grangeville, Idaho.

I hereby certify that my child is in good health and can travel to and participate in The Kids Klub Program.

While my child is attending or traveling to or from The Kids Klub, Inc. I HEREBY AUTHORIZE THE KIDS KLUB LEAD TEACHER, (or in her absence or disability, the Program Staff Member accompanying or assisting her), TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

"In case of an accident or emergency, I authorize a Staff member of The Kids Klub, Inc. program to take my child to the physician named below or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense."

This authorization shall remain effective until my child completes his/her activities at this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided which is not covered by the American Income Life Insurance Policy carried by The Kids Klub, Inc.

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

AUTHORIZATION & CONSENT:

Signature of parent/legal guardian

Date

OVER PLEASE

Health History Information

Child's Name: _____

Does your child have any medical conditions that we should know about? Please include any allergies, including allergies to food, medications, or drug reactions.

Please list any physical handicaps or disabilities that may limit your child's activities. (Consider limitations to eyesight, hearing, and speech; also note ADD, ADHD, ODD, PTSD, Autism, paralysis, diabetic conditions, ulcer, IEP, etc.)

Please list all medications your child is presently taking:

The Kids Klub Immunization Record Information Release Form

I give permission for The Kids Klub, Inc. to access and copy my child's immunization records from either Grangeville Elementary & Middle School or Saints Peter & Paul School. This information is required by the Department of Health & Welfare and is necessary for licensing of The Kids Klub program.

Signature

Date

Parent/ Guardian Permission

Field Trips

I give permission for my child to attend any field trips or excursions planned by The Kids Klub Program. I understand that I will be notified before each planned field trip whenever possible.

Signature of Parent/Legal Guardian

Date

Computer & Internet Policy

We are pleased to offer youth of The Kids Klub access to the network resources, E-mail, and Internet. Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or offensive to some people. We believe that the benefits to students from access to the Internet exceed any disadvantages. The Kids Klub will take efforts to monitor usage, including use of filtering software. The Kids Klub staff will instruct the youth on acceptable use of the network and proper network etiquette. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information resources.

Internet Use

I give my child permission to use The Kids Klub Computer Lab. I understand that includes the use of the network/INTERNET for educational purposes. The Kids Klub is taking efforts to monitor usage, including use of filtering software. I recognize, however, that it is impossible for The Kids Klub staff to restrict access to all controversial materials, and I agree not to hold them responsible for materials accessed on the network.

Signature of Parent/Legal Guardian

Date

School Information

One of the important goals of The Kids Klub is to increase student achievement. To document our efforts we need to obtain information about your child's performance. I authorize The Kids Klub Inc. to access my child's school records and talk to my child's teacher. This would include, but not necessarily be limited to: academic and citizenship information, immunization records (needed for licensing of The Kids Klub, Inc.), progress reports, attendance, test scores, Special Education information as needed (i.e. IEP or 504), and any reported behavioral incidents. The Kids Klub is participating in the IdahoSTARS Steps to Quality program and it requires that they verify children's files also. I understand that this information will only be used for the benefit of my child, the improvement of The Kids Klub program, and for record keeping. This information will be kept confidential and this release of information is effective only as long as my child is a participant in The Kids Klub program.

Signature of Parent/Legal Guardian

Date

Child's Photo Release

I give permission for my child's photo and first name to be used for Kids Klub, Inc.'s media purposes. This may include newspaper photos, web sites, and brochures, etc.

Signature of Parent/Legal Guardian

Date

Orientation

I have met with a Kids Klub staff member and toured the facility and received an orientation of their programs.

Signature of Parent/Legal Guardian

Date

Parent Information

(Please keep for your information)

FYI

Summary

The purpose of The Kids Klub is to provide a holistic program that focuses on the social, emotional, physical and intellectual development of the individual. Thirty to forty-five minutes each day will be devoted to tutoring and homework assistance. The remainder of the day will be spent on activities that enhance citizenship skills and expose your child to the arts, technology and recreation.

I understand and agree to the following:

1. My child is not allowed to come and go freely from the Kids Klub.
2. I must maintain communication with the Lead Teacher about my child and keep her informed of any pertinent changes.
3. The Kids Klub will operate from the time school is out to 5:30p.m. each day. The program will not operate on major holidays, spring break, one week of Christmas vacation, weekends, or vacations.
4. It is my responsibility as a parent/legal guardian to see that my child is picked up on or before the designated closing time of 5:30 p.m. Children are not allowed to leave The Kids Klub by themselves without written permission from their parent or guardian.

Billing Procedures:

1. I will pay for daily contracted services as outlined in the General Fees Information.
2. The Kids Klub closes at 5:30 p.m. My fees pay for service until that time. Parents whose children remain past 5:30 p.m. must pay an overtime fee of \$1 per minute per child. The Kids Klub clock is the clock that will determine the time.

If financial assistance is desired, you will need to first apply for assistance through Idaho Child Care Program (ICCP). If ineligibility for ICCP has been determined, you may then apply for a financial scholarship. Your child must attend the Kids Klub, Inc. on a full-time basis and meet income guidelines. Please see staff for an ICCP application.

General Fees Information:

In order for The Kids Klub to operate, it is imperative that fees be paid on time. All fees are payable by the tenth day of the month.

Monthly rate for full-time attendance is \$135 per month per child, regardless of actual hours in attendance. Monthly rate for part-time attendance is \$8.00 per child per day. There will be no extra charges for early release days. Refunds are not available if your child does not attend on any given day, for any reason.

OVER PLEASE

You will be billed at the end of each month for those days your child has attended the previous month for either part-time or full-time participation. Payment is due by the 10th of the following month. In the event an account becomes ten days or more past due, services for the involved student (s) will be terminated until the account has been paid in full.

There will be a \$30 service charge on each check returned by the bank due to insufficient funds or related deficiencies.

Checks must be made payable to The Kids Klub, Inc.

Checks may be dropped off at The Kids Klub during operating hours, or checks may be mailed to:

**The Kids Klub, Inc.
506 South A Street
Grangeville, Idaho 83530**

***You may also pay online at www.thekidsklub.org.**

Any questions regarding financial payment should be directed to the Lead Teacher or the Program Director at the above address, or at 983-2285.

The Kids Klub Administrator, in conjunction with The Kids Klub Operations Board shall have final authority to resolve any matters concerning fees which are not addressed in these policies and procedures.

A registration/insurance fee of \$30 per child, per school year will be collected on all participants, regardless of full-time or part-time attendance.