

# Kids Club

1415 Bartosh Lane, River Falls, WI (715)425-0799

## 2017-2018 School Year Registration Form

Child's Name \_\_\_\_\_ Gender: M F  
Birth Date \_\_\_\_\_ Grade Level for '17-'18 \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Please circle which Kids Club location your child attends:

Greenwood      Montessori      Westside      Rocky Branch

Parent 1-Name & Address \_\_\_\_\_

Please list all phone numbers:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Parent 2-Name & Address \_\_\_\_\_

Please list all phone numbers:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

List all persons authorized to pick up the child from Kids Club. Include parent names!

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Local Emergency Contact Person (other than parent):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Facility & Doctor Name \_\_\_\_\_

Phone \_\_\_\_\_

Does your child have medical needs? Yes No

If yes, please explain your child's needs. Please include all allergies and any other special emergency care instructions or medical information needed by the child care staff.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have an I.E.P. (Individualized Education Program) Yes No

If yes, please explain your child's daily needs, especially concerning any behavior or specific routines:

\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_

**Choose your Enrollment Option:**

- 1. Regular Schedule
- 2. Drop-In Schedule

**1. Regular Schedule: \$4.00 per Hour**

**Check days (a.m. and/or p.m. sessions) your child will be attending.**

Please be aware that you will be charged a minimum of one hour for each session checked a.m. or p.m. even if the child is not in attendance. You will be allowed one change of schedule free of charge. There will be a \$5.00 charge for each additional change of schedule.

**Check all days your child will attend:**

**Morning:**

Monday	Tuesday	Wednesday	Thursday	Friday

**Afternoon:**

Monday	Tuesday	Wednesday	Thursday	Friday

**2. Drop-In Schedule: \$6.00 per Hour**

If your child is a drop-in, you will need to contact your Kids Club site 24 hours prior to them attending. You will also need to notify teachers and school office for afternoon attendance.

It is not necessary to call for an am session, but you **MUST** call your child's program for ANY AFTERNOON drop-in!

**Select your child's drop-in attendance:**

to 

Morning Drop-In	
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**How would**

Afternoon Drop-In	
-------------------	--

**you**

AM & PM Drop-In	
-----------------	--

**like**

**receive your bill? Please circle the choice that is best for you!**

1. Pick up at program.

2. Email: List one Email Address: \_\_\_\_\_

*Please contact the Main Office at 715-425-0799 or email Deb Sorenson at deb.sorenson@rfsd.k12.wi.us with any billing questions.*

## Enrollment Contract– Billing & Payment Information

There is a \$20.00 non-refundable registration fee per child per household (payable to Kids Club).

Separate registrations will be required for situations where parents have certain weeks that they will be responsible for payments. This should be indicated at the time of registration.

I understand I am responsible for **bi-weekly** payments of child care fees. I will be assessed a late fee of \$5.00 for each week payment is past due. I also understand that child care services may be cancelled if payment is over two weeks past due.

I understand that in the event of any absences for regularly scheduled children, I will be responsible for the fees for the one hour minimum per session.

I understand that the drop-in rate is always rounded up to the first full hour.

I understand it is my responsibility to complete the necessary paperwork (through the county) if receiving childcare assistance. I understand that childcare will only be provided with prior authorizations on file at the Kids Club office. I understand that I may be responsible for any co-payments, registration and late fees not covered by county assistance.

Kids Club will charge 25% of your contracted weekly rate for vacation requests. A two week written notice is required. Vacation request forms are available at the program.

I understand that I may change my child's attendance schedule if needed by filling out a change of schedule form and that the first change is free and remaining changes of schedule will be charged \$5.00 each time.

**I understand that it is my responsibility to inform Kids Club, classroom teachers, bus garage, and other necessary parties of any changes in my child's afternoon schedule.**

I understand there will be late pick up charges after 6:00 pm. See parent handbook for specific charges.

I will update my child's information (phone numbers, addresses, and authorized pick-up persons...) as needed.

I understand that Kids Club reserves the right to terminate program participation. Parents may cancel their participation by giving a two week written notice.

If you are enrolling during the school year, there will be a week to process paperwork from the day you sign up until the start date.

**I have read and understand the billing information and will be responsible for payments according to the enrollment option chosen.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact the Kids Club Main Office at 715-425-0799 or email Angela Bohnert at [angela.bohnert@rfsd.k12.wi.us](mailto:angela.bohnert@rfsd.k12.wi.us) with any questions.