

Kids Care Before & After School Program
Family and Student Information 2011-2011

Mailing

Name: _____
Address: _____
City/State: _____
Zip Code: _____
Home Phone: _____ Email: _____
Date _____

Mother

Name: _____
Business: _____
Occupation: _____
Work Phone: _____
Cell: _____
Marital Status: _____

Father

Name: _____
Business: _____
Occupation: _____
Work Phone: _____
Cell: _____
Marital Status: _____

Student

Name: _____
Nickname: _____
Sex: Female _____ Male _____
Date of Birth: _____
Special Needs: _____

Student

Name: _____
Nickname: _____
Sex: Female _____ Male _____
Date of Birth: _____
Special Needs: _____

INDIVIDUALS WHO ARE AUTHORIZED TO PICK UP MY CHILD FROM KIDS CARE

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone: _____ Phone: _____

INDIVIDUALS WHO ARE **NOT** AUTHORIZED TO PICK UP MY CHILD

Name: _____ Name: _____
Relationship: _____ Relationship: _____

I understand that IHM Kids Care staff will administer minor first aid and will seek medical and/or dental assistance after reasonable efforts have been made to contact the parent or guardian. "Reasonable efforts" shall be defined on a case-by-case basis when viewed in light of the emergency at hand.

Parent or Guardian signature: _____

A NON REFUNDABLE \$30.00 REGISTRATION FEE PER CHILD AND SEPTEMBER PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION.

EMERGENCY INFORMATION

In the event of an emergency, if you are unable to reach me, please contact one of the following. This is a person who will be able to pick up my child and care for him/her if I am not available.

Student Name: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Doctor

Name: _____

Address: _____

Phone: _____

Dentist

Name: _____

Address: _____

Phone: _____

Hospital: _____

Insurance Co. _____

Policy Number _____

Insurance Co. _____

Policy Number _____

Allergies/Medications: _____

THE SERVICE CHARGES LISTED BELOW ARE FOR 2011-2012 AND ARE SUBJECT TO CHANGE IN 2012-2013
TIME BLOCKS AVAILABLE

7:00-8:00 A.M., 8:00-9:10A.M., 4:00-5:00 P.M., 5:00-6:00P.M..

FEES ARE CHARGED AT THE END OF EACH MONTH.

1-5 time blocks: \$9.00/ea

11-15 time blocks: \$8.00/ea

21-25 time blocks: \$7.00/ea

31-40 time blocks: \$6.25/ea

51-60 time blocks: \$5.75/ea

71-80 time blocks: \$5.25ea

6-10 time blocks: \$8.50/ea

16-20 time blocks: \$7.50/ea

26-30 time blocks: \$6.50/ea

41-50 time blocks: \$6.00/ea

61-70 time blocks: \$5.50/ea

80+ time blocks: \$5.00/ea

Late payment policy: Any Kids Care account that becomes delinquent to 30 days from the billing date (15 days past due), the family will no longer have Kids Care services available to them and will be removed from the program for the remainder of the school year. In the event that my account becomes past due according to the above policy, I understand that I will no longer have Kids Care services available to my family and agree to pay IHMCS for the balance due in addition to any collection costs it incurs, including reasonable attorney's fees.

Signature _____ Date _____

-----Automatic Withdrawal Users-----

“I authorize IHMCS and Vanco Services, LLC to electronically withdraw my monthly fee from October 15, 2011 to June 15, 2012 each month, to pay the Kids Care fee listed above. My banking information remains the same and my original ACH authorization form is on file.

_____” (Signature)

I would also like the registration fee of \$30/child taken out with the first payment.

____Y____N