

# IHMCS Kids Care Summer Program- General Information

- Dates: June 9<sup>th</sup> -August 15<sup>th</sup>, 2008(10 weeks)
- Closed: July 4<sup>th</sup> & August 16<sup>th</sup> until the opening of school
- Times: 7:00AM-6:00PM
- Location: IHMCS Cafeteria
- Activities: Art projects, physical and educational activities, reading/ quiet time, outdoor activities, special event activities, field trips (1 per week) and swimming (1 per week).
- Swimming: Tuesdays at Shady Oak Beach (Daily fee if you do not have a beach permit.)
- Field trip: One field trip per week will be scheduled. All children will attend the field trips, if your child does not want to attend a trip, please find other care for that day. **Additional fee charged for field trips.**
- Lunch: Children will need to bring a cold lunch and drink each day.
- Snack: Morning and afternoon snack will be provided.
- Cost: A non-refundable registration fee of \$30 per child is due at the time of registration.  
**Registration deadline is Wednesday May 7<sup>th</sup>, 2008.**  
Enrollment is limited, please register ASAP.

## Registration options:

1 day/week	\$320/child/summer	M	T	W	TH	F
2 days/week	\$640/child/summer	M	T	W	TH	F
3 days/week	\$960/child/summer	M	T	W	TH	F
4 days/week	\$1,280/child/summer	M	T	W	TH	F
5 days/week	\$1,600/child/summer	M	T	W	TH	F

- Payment Options: Payment in full at the beginning of the summer or pay 3 scheduled payments on June 15<sup>th</sup>, July 15<sup>th</sup>, & August 15<sup>th</sup>.
- Drop-in: There will be no drop in service offered during Kids Care Summer Program.

**Questions? Contact Mrs. Feyen at 952-935-8864**

**Kids Care Summer Program  
Family and Student Information**

Mailing Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date \_\_\_\_\_

Mother  
Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax/Cell: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Father  
Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax/Cell: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Student  
Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Sex: Female \_\_\_\_\_ Male \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Special Needs: \_\_\_\_\_

Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Sex: Female \_\_\_\_\_ Male \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Special Needs: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
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 IS REQUIRED AT THE TIME OF REGISTRATION.

EMERGENCY INFORMATION

In the event of an emergency, if you are unable to be reached, Kids Care will contact one of the following. This is a person who will be able to pick up your child and care for him/her if you are not available.

Student Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Doctor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Dentist**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Kids Care staff can administer prescription medication according to the written orders of a licensed physician and written authorization of the parent/guardian. Prescription medications must be in original container, labeled with child's name and must not be expired. Medication will be kept in a locked box in the Director's office.

**My child will be at Kids Care on the following days: (please circle)**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

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

"I authorize IHMCS and Vanco Services, LLC to electronically withdraw \$\_\_\_\_\_ on June 15<sup>th</sup>, July 15<sup>th</sup>, and August 15<sup>th</sup>, 2008, to pay the Kids Care fee listed above. My banking information remains the same and my original ACH authorization form is on file.

\_\_\_\_\_ " (Signature)

## Kids Care Policies

Please initial the following statements to indicate that you have read and understand them.

\_\_\_\_\_ The Summer Program is a 10 week program. Registration is only taken for the entire summer, not on a week-by-week or monthly basis.

- \_\_\_\_\_ The Kids Care Program runs from 7:00AM-6:00PM. Late pick up will result in a fee of \$1/minute that you are late.
- \_\_\_\_\_ Payment is due in full at the beginning of the summer or paid in 3 scheduled payments on June 15<sup>th</sup>, July 15<sup>th</sup>, & August 15<sup>th</sup>.
- \_\_\_\_\_ If necessary, refunds will be handled on a case by case basis.
- \_\_\_\_\_ Field trip fees and permission slips are due on or before the day of the trip or your child will not be able to attend.
- \_\_\_\_\_ Parents are responsible for notifying Kids Care as soon as possible if their child will not be attending the field trip that week.
- \_\_\_\_\_ Each family is welcome to take one week off unpaid during the summer program, any other time off will be billed as usual.
- \_\_\_\_\_ Kids Care Staff have permission to secure medical aid for my child in case of an emergency.
- \_\_\_\_\_ Children will be released only to authorized individuals. A written note is acceptable if individual is not authorized on the registration form.

By enrolling my child/children in Immaculate Heart of Mary Catholic School Kids Care Summer Program, I agree to pay all tuition and fees.

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

Please return this form with \$30 registration fee per child, in person to the IHM School Office, to Kids Care Director or by mail.

Office use only: Date Received: \_\_\_\_\_ Registration Fee enclosed, check # \_\_\_\_\_