

Kids Care Before & After School Program
Family and Student Information 2008-2009

Mailing

Name: _____
Address: _____
City/State: _____
ZipCode: _____
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: _____

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

Dentist

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Hospital: _____

Insurance Co. _____

Insurance Co. _____

Policy Number _____

Policy Number _____

Allergies/Medications: _____

THE SERVICE CHARGES LISTED BELOW ARE FOR 2008-2009 AND ARE SUBJECT TO CHANGE IN 2009-2010 TIME BLOCKS AVAILABLE

7:00-8:15 A.M., 3:00-4:00 P.M., 4:00-5:00 P.M., 5:00-6:00P.M..

KEY: CIRCLE NUMBER OF TIME BLOCKS NEEDED.

FEEES ARE CHARGED MONTHLY.

Table with 5 columns: Frequency (5 days/week to 1 day/week), Drop-in, and four price points (\$105-\$375).

Late payment policy: Any Kids Care account that becomes delinquent to 60 days from the billing date (30 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.

Signature _____ Date _____

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

“I authorize IHMCS and Vanco Services, LLC to electronically withdraw \$ _____ monthly from September, 2008 to April, 2009 on the 20th of 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)