

# Kids' Place Grades 1-5

## 2011-2012 Registration and Payment Agreement

For Office Use Only (Revised 5/11)

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

### Student Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Previously enrolled in Kids' Place? Yes  No  Gender: Male  Female

Name of School Attending in 2011 - 2012 \_\_\_\_\_

Date of last DPT (Tetanus shot) \_\_\_\_\_

Physician/Clinic Name and Phone Number \_\_\_\_\_

Dentist/Clinic Name and Phone Number \_\_\_\_\_

Important health information or Medical Alerts  None \_\_\_\_\_

Allergies  None \_\_\_\_\_

Medications  None \_\_\_\_\_

Does your child have any physical or mental impairments which would affect his/her participation in child care setting? If yes, please describe.

None \_\_\_\_\_

### Parent Information

#### Parent 1/Financial Sponsor:

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers: Call first \_\_\_\_\_ Alternate number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

#### Parent 2:

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers: Call first \_\_\_\_\_ Alternate number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

## Emergency Contacts – Must list 2

These people are also authorized to pick my child up from Kids' Place.

Contact 1 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact 2 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact 3 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Weekly Schedule

### When will your family need child care each week?

Before School: 6:30 a.m. until school begins  Mon  Tues  Wed  Thurs  Fri

After School: End of school day until 6:00 p.m.  Mon  Tues  Wed  Thurs  Fri

## Care on Early Release and Late Start Days

Typically, the district schedules an early release or late start day once per month during the school year. On these days, the regular school day will either begin two hours late or end two hours early. Please mark the days your child will need extended-day care for early release and late start days. You will have the opportunity to make changes closer to the actual dates of service.

Early Release Days  Sept 30  Dec 2  Feb 17  April 27

Late Start Days  Oct 24  Jan 30  Mar 19  May 21

## Care on School Release Days

The following dates are days when school is not in session, but Kids' Place is open and provides full-day care from 6:30 a.m. until 6:00 p.m. Please mark the days your child will attend Kids' Place. You will have the opportunity to make changes closer to the actual dates of service.

October 20  October 21  November 4  November 23

January 27  March 16  March 23  March 30

## Care during Winter Break

Kids' Place provides full-day programming over winter break on days when the school buildings are open but school is not in session. Please mark the days your child will attend over winter break. You will have the opportunity to make changes closer to the actual dates of service. Please note: All district buildings are closed on December 23, 26, 30, and January 2, which means Kids' Place will be closed also.

December 19  December 20  December 21  December 22

December 27  December 28  December 29

## Care during Spring Break

Kids' Place provides full-day care during spring break. Please mark the days your child will attend. You will have the opportunity to make changes closer to the actual dates of service.

March 26

March 27

March 28

March 29

March 30

Please read and initial in each box.

	<p><b>Medical/Emergency Procedures</b>                  I give my permission to Kids' Place to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the Kids' Place staff. In case of a medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local resource (police/rescue squad) deems it necessary. I will be responsible for the cost of the transportation and any and all medical charges. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent and/or another adult acting on the parent's behalf. Medical insurance coverage for children is the responsibility of the child's family or guardian.</p>
	<p><b>Data Practice Procedures and Exchange of Information</b>                  Kids' Place complies with State and Federal data laws. Information gathered from registration and medical forms is shared with the teachers in the program to best serve your child's needs. I give my consent to an exchange of information between my Kids' Place site staff and other St. Louis Park Schools professional staff whenever it would be beneficial to my child.</p>
	<p><b>Meals and Snacks</b>                  I understand that my child needs to bring a lunch from home each day. A beverage with lunch and an afternoon snack will be provided by Kids' Place and is included in the daily fee.</p>
	<p><b>Publicity</b>                  I give permission for Kids' Place to use video taping, tape recording, photography or any other media to record events for educational or publicity purposes.</p>
	<p><b>Excursions</b>                  I give permission for my child to participate in any field excursion planned and supervised by the staff of Kids' Place. I understand these trips may include various modes of transportation, i.e. walking, biking, school bus, etc.</p>
	<p><b>Sunscreen</b>  <input type="radio"/> I give permission for Kids' Place staff to apply any brand of sunscreen on my (our) child as needed throughout the day.  <input type="radio"/> I have provided sunscreen for my child. Only apply the sunscreen I have provided.  <input type="radio"/> DO NOT apply any sunscreen on my child.   <input type="radio"/> Other: _____</p>
	<p><b>Antibacterial Hand Soap/Lotion</b>  <input type="radio"/> I give permission for Kids' Place staff to apply antibacterial soap/lotion on my child as needed.  <input type="radio"/> DO NOT apply antibacterial soap/lotion on my child.</p>
	<p><b>Media</b>  <input type="radio"/> I will allow my child to access the internet under the supervision of a Kids' Place staff.  <input type="radio"/> I will allow my child to watch a G-rated movie while in Kindergarten, or PG-rated movies in grades 1-5. Movies may be an option up to one time each month.  <input type="radio"/> I will allow my child to play E-rated video games.  <input type="radio"/> I will allow my child to play E-10 rated video games. Video games are not an option in all KP classrooms.                   No handheld video games, cell phones, MP3 players or personal media devices should come to school with your child during Kids' Place time.</p>
	<p><b>Swimming</b>  <input type="radio"/> I will allow my child to participate in all swimming excursions.  <input type="radio"/> My child is an excellent swimmer and can go in the deep end and use all water slides.  <input type="radio"/> My child is a moderate swimmer and can go on waterslides, but cannot swim in the deep end of a pool.  <input type="radio"/> My child is just beginning to swim and should not use water slides, or go in the deep end of the pool.</p>

Parent Signature: \_\_\_\_\_

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

## Payment Information

Read and sign below to complete the registration.

I am currently receiving child care assistance.    Yes    No

Case worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special instructions to consider when creating our family's billing account:

None \_\_\_\_\_

- Please send me an Annual Credit Card Authorization form for the 2011-2012 school year.  
This form must be signed and on file in our office in order to initiate automatic credit card payments.  
Visa and Mastercard accepted.

## 2011-2012 Contract Terms

*In signing this contract for services, I agree to the following:*

I understand that my child can not begin at Kids' Place until I receive a written or oral confirmation from the Kids' Place main office. In order to properly prepare for student/staff ratios, Kids' Place reserves the right to not accept or process any registration for up to 5 business days prior to and after the start of any session. All Community Education accounts, including Kindergarten Plus and Kids' Place, must be paid in full in order to register for the this session.

### Billing and Fees:

1. You will be billed for the days you've chosen on this form. You will receive a billing statement at the beginning of each month. Invoices will be placed in your child's parent folder in the classroom. Statements include all charges and payments from the previous month as well as charges for the month ahead. For instance, at the beginning of October, you will receive an invoice noting the charges and payments made in September as well as all charges for October. Your total balance each month must be paid in full by the statement due date. Failure to do so may result in suspension of services. If you have a question or concern about your billing statement, please contact our main office.
2. Additional days can be added, as space allows, through your child's classroom teacher.
3. A minimum of two-weeks notice must be given for changes to your child's regular schedule. Requests for permanent schedule changes must be submitted to your child's teacher, in writing, and will be approved on a space-available basis.
4. There will be no refunds for absence due to illness, vacation or school closing due to inclement weather.
5. A late fee of \$1.00 per minute will be assessed for picking up a child after 6 pm. After the third incident, services may be terminated.
6. Kids' Place sites or classrooms may be closed or moved due to enrollment/staffing needs. In this event, you will be given at least two week's notice.
7. The Dept. of Community Education reserves the right to cancel this letter of agreement at any time. In this event, you will be given two week's notice.
8. I understand my child's enrollment will be terminated and my account will be turned over for collection if it is in default. I will be held responsible for all costs related to collections, including legal fees.

### Please review the Contract Terms above before signing.

By signing, I confirm that I have read, understand and agree to the Kids' Place 2011-2012 Contract Terms as stated on this form.

Parent 1 Signature \_\_\_\_\_

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

Parent 2 Signature \_\_\_\_\_

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

## Return this Form

### Mail

Kids' Place Main Office  
Central Community Center  
6300 Walker Street  
St. Louis Park, MN 55416

### Email

[johnson.terri@slpschools.org](mailto:johnson.terri@slpschools.org)

### Questions

(952) 928-6764  
FAX (952) 928-6728

Thank you.