

# Register for Kids Care 2018-2019

To complete your Kids Care registration, return registration information, attendance information and registration fees (\$35 per new student, \$20 per returning student.) by May 1st, 2018.

Thank you,  
Heather Gunson, Director  
Cell # 515-868-1255

## St. Francis Kids Care Enrollment Form

Family last name \_\_\_\_\_ School Year \_\_\_\_\_

Student(s) Name(s)	Date(s) of Birth	Grade

Parent(s) with whom the child(ren) reside \_\_\_\_\_

Address \_\_\_\_\_

Father	Mother
Home#	Home#
Work#	Work#
Cell#	Cell#
E-mail	E-mail

Please check all days that we can expect your child at Kids Care.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Occasional use will be determined at the discretion of the Director, depending upon available space and staff. A one week request must be made in writing to determine if there is space and staff available. All occasional users must be registered with Kids Care.

St. Francis Kids Care is an extension of St. Francis of Assisi School. All school policies and procedures will be followed by Kids Care. Please call Heather Gunson, Director at 515-868-1255 or email at [hgunson@saintfrancisschool.org](mailto:hgunson@saintfrancisschool.org) with further questions.

**Registration Fees**

	NEW SFA Students	Returning SFA Students
1 Child	\$35.00	\$20.00
2 Children	\$65.00	\$35.00
3 Children	\$95.00	\$50.00

Fees are subject to change.

Registration fees are due prior to care.

Payment is due monthly.

Please make checks payable to Saint Francis Kids Care

**Occasional Use**

	Occasion Use AM/PM	Occasional use on NO School days.
1 Child	\$25.00	\$45.00
2 Children	\$50.00	\$90.00
3 Children	\$75.00	\$135.00

<b>Kid's Care Tuition Fees</b>					
	<b>Times of Care</b>	<b>Monthly</b>	<b>Semester</b>	<b>Annual</b>	<b>Part-Time (3 days or less)</b>
<b>1 Child</b>					
<b>AM &amp; PM</b>	7:00 - 8:15 AM & 3:15 - 6:00 PM	\$ 290.00	\$ 1,305.00	\$ 2,610.00	\$ 178.00
<b>AM</b>	7:00 - 8:15 AM	\$ 190.00	\$ 855.00	\$ 1,710.00	\$ 118.00
<b>PM</b>	3:15 - 6:00 PM	\$ 215.00	\$ 967.00	\$ 1,935.00	\$ 133.00
<b>2 Children</b>					
<b>AM &amp; PM</b>	7:00 - 8:15 AM & 3:15 - 6:00 PM	\$ 440.00	\$ 1,980.00	\$ 3,960.00	\$ 268.00
<b>AM</b>	7:00 - 8:15 AM	\$ 286.00	\$ 1,287.00	\$ 2,574.00	\$ 176.00
<b>PM</b>	3:15 - 6:00 PM	\$ 325.00	\$ 1,462.00	\$ 2,925.00	\$ 199.00
<b>3 Children</b>					
<b>AM &amp; PM</b>	7:00 - 8:15 AM & 3:15 - 6:00 PM	\$ 590.00	\$ 2,655.00	\$ 5,310.00	\$ 358.00
<b>AM</b>	7:00 - 8:15 AM	\$ 383.00	\$ 1,723.00	\$ 3,447.00	\$ 233.00
<b>PM</b>	3:15 - 6:00 PM	\$ 435.00	\$ 1,957.00	\$ 3,915.00	\$ 265.00
<b>Extra Children</b>					
<b>AM &amp; PM</b>	7:00 - 8:15 AM & 3:15 - 6:00 PM	\$ 160.00	\$ 720.00	\$ 1,440.00	\$ 100.00
<b>AM</b>	7:00 - 8:15 AM	\$ 106.00	\$ 477.00	\$ 954.00	\$ 68.00
<b>PM</b>	3:15 - 6:00 PM	\$ 120.00	\$ 540.00	\$ 1,080.00	\$ 76.00

## Saint Francis Kids Care Annual Update

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### **Emergency Information**

In the event that my child may requires emergency medical, dental, or surgical care while I am unable to be reached, I hereby give my consent to medical, dental, or surgical treatment to:

Doctor/Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor/Clinic Address: \_\_\_\_\_

Hospital (circle one)    Mercy West    Mercy Downtown    Mercy West Lakes  
Lutheran    Methodist Downtown    Methodist West    Blank Children's Hospital

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I agree to pay all the costs and fees contingent on emergency care or treatment for my child as secured or authorized under this consent.

### **In an emergency please call:** (In case parents are unreachable)

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

**Who may not pick up your child, if any?**

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

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

**Pick Up Permission Please-Please circle yes or no for the following:**

Yes / No I hereby give permission for my child to leave the center for fieldtrips in provided by the center, or on foot.

Yes / No I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parent to notify the center, in writing, of any changes.

Yes / No I grant the center staff the right to take photographs of my child engages in center activities to be displayed within the center.

Name	Relationship	Name	Relationship
_____			
_____			
_____			
_____			

**Medical**

Please sign and date below stating that your child's medical history is located in the school nurse's office.

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

Please sign and date below stating that your child is up to date on medical requirements. **(each year you will have to re- sign if there are no changes)**

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

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

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

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

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

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

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