



MOUNT VERNON COMMUNITY SCHOOL DISTRICT
Kids Club Child Care Program

Parents please keep this form for home reference

2018 - 2019

The school district offers child care for preschool through eighth grade students. Kids Club is available from 6:00 A.M. until 6:00 P.M. with all care provided at the elementary school. The program operates during the school year, during most of the scheduled school breaks and in-service days. Delays or cancellations of the program are reported along with the school district reporting.

Enrollment forms for this program must be completed and returned before the first day of the child's attendance. A \$10.00 **per child** registration fee must be paid with the enrollment forms before attendance during the school year **and** before your child may attend the Summer Kids Club. The cost for use of Kids Club is determined by attendance. You will be charged a fee for any amount of time spent in Kids Club. Please see the fee sheet for attendance costs. The **A.M. time** is 6:00 A.M. until 8:15 A.M.; the **P.M. time** is 3:15 P.M. until 6:00 P.M.; we also provide for our preschool students only care from 8:15 until 12:30. The **Summer Kids Club** is during our summer break. Child care is available on a first-come, first served basis and enrollment is limited by the program license.

Breakfast and lunch is available to students when they are in attendance during breakfast and lunch times. Anytime a student eats breakfast or lunch the cost is deducted from the student's nutrition account. The Summer Kids Club provides meals and snacks and is included in the cost of the Summer program.

This is a state program overseen by the building principal with co-directors overseeing the day-to-day planning and operations. Questions may be directed to the co-directors by email at kidsclub@mvcasd.org or call the school at 319-895-6251 ext. 2015 or 319-560-2958.

Mrs. Kate Stanton
Washington Elementary Principal

Teresa Hines & Laurie Keller
Kids Club Co-Directors

"Promoting Excellence in Academics, Arts, and Athletics"

615 5th Avenue S.W., Mount Vernon, IA 52314 ~ www.mvcasd.org ~ 319-895-6251 ~ fax 319-895-0348

The Mount Vernon Community School District will not discriminate on the basis of race, color, age, national origin, sex, sexual orientation, gender identity, marital status (for programs), socioeconomic status (for programs), disability, religion, and creed. Students, parents, employees and others doing business with or performing services with the district who feel that they have experienced discrimination are encouraged to contact the Equity Coordinator at Mount Vernon Community High School, 731 Palisades Road SW, Mount Vernon, IA 52314, telephone: [319-895-8843](tel:319-895-8843), where our district has a grievance procedure for processing complaints of discrimination. Inquiries may also be directed in writing to the Director of Civil Rights – Region VII, US Department of Education, 310 W. Wisconsin Ave., Suite 800; Milwaukee, Wisconsin 53203-2292 (phone: [414-291-1111](tel:414-291-1111)) or to the Iowa Department of Education; Grimes State Office Building, Des Moines, Iowa, 50319-0146 (phone: [515-281-5294](tel:515-281-5294)).



MOUNT VERNON COMMUNITY SCHOOL DISTRICT

Kids Club Informational Sheet

Your childcare statement will be sent to you via email every week on Monday. If the program is closed on a Monday, you will receive your statement on the next day the program is open. Charges are applied to your account after services have been provided. Please speak to a director if email is unavailable to you or the cost of the program prohibits attendance and you would like to apply for DHS financial assistance.

If you do not receive your childcare statement by 3:00 P.M. on the Monday after you have used our services contact us at 319-895-6251 ext. 2015 or 319-560-2958, or at our email address: kidsclub@mvcasd.org

The email address you have provided is how we will communicate and therefore assume you will check it regularly. We do apply late fees. It is your responsibility to notify us if you are not receiving emails.

ALL PAYMENTS ARE DUE UPON RECEIPT OF STATEMENT.

Summer Kids Club program ~ (June 4 through August 15) 2018

- \$10.00 per child registration fee (paid once for summer session attendance)
- \$36.00 per child per day, more than five hours
- \$24.00 per child per day, five hours or less
- \$32.40 per child per day with two children enrolled from the same family
- \$30.24 per child per day with three children enrolled from the same family

Kids Club Child Care Fees School Year ~ 2018 – 2019

- \$10.00 per child registration fee (paid once for school year attendance)
- A.M. Time (6:00 A.M. – 8:15 A.M.): \$7.50 per child per this time per day attendance
- P.M. Time (3:15 P.M. – 6:00 P.M.): \$7.50 per child per this time per day attendance
- Preschool time (8:15 A.M. – 12:30 P.M.): \$20.75 per child per this time per day attendance
- Half day in-service /early out days (1:00 - 6:00): \$13.75 per child per this time per day attendance
- No school days:
 - Whole day attendance, more than five hours - \$35.25 per child per day attendance
 - Half day attendance, five hours or less - \$23.25 per child per day attendance
- Late pick-up fee: \$1.00 per minute per child after 6:00 P.M. pick up for all programs

Late Fees:

Payments are considered late two weeks after a statement has been sent. You will begin receiving a weekly late fee of \$5.00 until account is brought current. If you have not made any kind of payment towards your balance one month after it was sent, childcare services will be terminated and you will be expected to pay the total balance before services may be used again.

Travel & Field Trip Authorization:

Field trips are defined as anytime the Kids Club Program leaves the Mt. Vernon School District's buildings or property. A field trip email notification will inform Kids Club families when an activity requires children leave school property for an activity. **Parents must sign children up to attend field trips one week in advance of the planned trip.** A deadline is necessary for all of the preparations required to safely and adequately bus and supervise students on trips. Please keep your contact information current to ensure notification of all Kids Club correspondence.



MOUNT VERNON COMMUNITY SCHOOL DISTRICT

Kids Club Tuition Policy *

Please read, sign and return with registration to Washington Elementary

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By signing below, you acknowledge you have read and understand Kids Club Tuition Policy. You agree to pay all fees in a timely manner.

*Policy is subject to change and families will be notified upon any and all changes.

Provide an email address for billing:

Print name: _____

Signature: _____

Date: _____



MOUNT VERNON COMMUNITY SCHOOL DISTRICT

Kids Club Consents

Child's Name: _____ **Grade in the fall:** _____

Schedule child care will be needed: (check all which may apply) ~

- A.M. (6:00 - 8:15)
- P.M. (3:15 - 6:00)
- Preschool (8:15 - 12:30)* child must be enrolled in a preschool class
- Summer Kids Club (June 4 through August 15) *this program requires a separate registration from the school year program.

Days your child is likely to attend: (circle all which may apply) ~

Everyday Mondays Tuesdays Wednesdays Thursdays Fridays *drop in only

*Drop-in child care is available. Please remember for the comfort of your child and the staffing of our program, consistency is always the best. We encourage you bring your child on a routine schedule for the advantages this provides to your child during the school day, teacher and our program.

I understand my child must be signed in and signed out of the Kids Club Program. This process is done in the lunchroom / Kids Club room at Washington Elementary.

Custody restrictions or restraining orders must be on file with the school office and Kids Club if there is legally any person who should not have contact with your child.

Travel & Field Trip Permission: (Please check the applicable response)

- I give permission for my child to attend field trips. I understand I will be notified of each trip prior to the activity and will not need to sign a permission slip for each activity.
- I do not** give permission for my child to attend field trips and will make other arrangements. My child will not attend Kids Club during any off school property activities.

Sunscreen & insect repellent: For either to be used please supply a container (labeled with your child's name).

- I give permission for the application of either by a Kids Club staff member.
- My child is allowed to apply either by themselves.

I have read the above statements and completed the necessary information.

Signature: _____ Please print your name: _____

Date completed: _____

Mount Vernon Community School District – Kids Club Registration Form

Parent / Guardian please complete (print clearly) and return with registration.

Child's Name: _____

Child's first and last name:	Child's birth date:
	Child's grade level:

Parent #1 Name:	Parent #2 Name:
Phone /cell number:	Phone /cell number:
Email address:	Email address:
Parent #1 home address:	Parent #2 home address:
Home phone # (if different than above #):	Home phone # (if different than above #):
Parent #1 Employer:	Parent #2 Employer:
Employer's address:	Employer's address:
Employer's phone number:	Employer's phone number:
Work email address:	Work email address:

In the event of an emergency, Kids Club lead supervisor is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the Kids Club center is unable to immediately make contact with the parents/guardians. YES NO

During an emergency the Kids Club lead supervisor is authorized to contact the following person when parent or guardian cannot be reached.

Alternate emergency contact person's name: _____

Relationship to child: _____ Emergency person's Phone #: _____

Parent / Guardian Approval Signature: _____

Does your child have health insurance? Yes No Does your child have dental insurance? Yes No

If no and you would like assistance with finding health or dental insurance please call the school nurse: 319-895-6251

Child's doctor's name: _____ Doctor's phone #: _____ Doctor's address: _____

Health Insurance Company Name: _____ ID#: _____

Hospital of choice: _____

Child's dentist name: _____ Dentist's phone #: _____ Dentist's address: _____

Dental Insurance Company Name: _____ ID#: _____

Complete other side of this form.

Mount Vernon Community Schools Kids Club Childcare- Health Status - Parent Statement

Parent/Guardian complete this page

Child name: _____

Please use a **X** in the box to statements that apply to your child.

Date of child's last physical exam: _____
 Date of last dental appointment: _____

Growth

I am concerned about child's growth.

Appetite

I am concerned about child's eating habits.

Rest - My child

needs to rest after school.

Illness/Surgery/Injury - My child

Had a serious illness, surgery, or injury.

Please describe:

Physical Activity - My child

Must restrict physical activity or needs special equipment to be active. Please describe:

Play with friends - My child

- Plays well in groups with other children.
- Will play only with one or two other children.
- Prefers to play alone.
- Fights with other children.
- I am concerned about my child's play activity with other children.

School and Learning - My child

- Is doing well at school.
- Is having difficulty in some classes.
- Does not want to go to school.
- Frequently misses or is late for school.
- I am concerned about how my child is doing in school. Please describe:

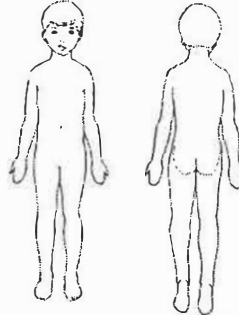
Allergy - My child has allergies (list all allergies: food, medicine, fabric, inhalants, insects, animals, etc.):

Child has Epipen, inhaler, or other emergency medication.
 Yes No

Body Health - My child has problems with

Skin, hair, fingernails or toenails.

Describe skin marks, birthmarks, or scars. Show us where these skin marks are located using the drawing below.



- Eyes/vision, glasses or contact lenses
 - Ears/hearing, hearing assistive aides or device, earache, tubes in ears
 - Nose problems, nosebleeds
 - Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth
 - Frequent sore throats or tonsillitis
 - Breathing problems, asthma, cough
 - Heart problems or heart murmur
 - Stomach aches or upset stomach
 - Trouble using toilet or wetting accidents
 - Hard stools, constipation, diarrhea, watery stools
 - Bones, muscles, movement, pain when moving
 - Mobility, child uses assistive equipment
- Please describe

- Nervous system, headaches, seizures, or nervous habits (like twitches or tics)
- Females – difficult monthly periods
- Other special needs. Please describe:

Medication¹ - My child takes medication.
 Medication Name Time Given Reason for giving medication

Note to parents: **Certificate of Immunization**
 School-owned and operated child care programs located on school property may file/store your child's Certificate of Immunization in the school office or in the school nurse's office. All other school-age child care programs must keep the Certificate of Immunization on-site at the child care facility.

Parent Signature: (required) _____ **Date:** _____