

2012-13 School Year

KC Preschool

Preschool & Childcare for 4-year olds

KC Preschool is a full day, year-before-kindergarten program designed to help children prepare to enter kindergarten with the skills and behaviors necessary to be successful. The program operates through Kids Club, Centennial School District's school-age child care program. Children who are 4-years-old before Sept. 1 of the current school year and are completely potty-trained are eligible to enroll. KC Preschool will be held at Blue Heron, Rice Lake and Centerville elementary schools. KC Preschool follows the Centennial School District calendar.



In KC Preschool, children work on listening, personal and social development, language and literacy, thinking, and math skills through guided play, group time, and social interaction. Activities include language arts, math, science, art, large muscle (gym and outside), dramatic play, blocks, and music.

From 9:30 am-noon, children will be with a licensed teacher and an assistant.

From noon-4 pm, children will remain in their room with a site manager and an assistant from the Kids Club school-age care program.

The fees are:

\$27 per day for full day Preschool (9:30 am-4 pm). Children must be enrolled for 3, 4, or 5 days a week.

There are limited half-day spots at each location.

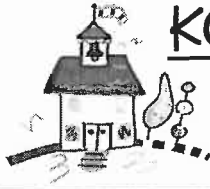
\$16 per day for half-day Preschool (9:30 am-Noon) Children must enroll for two days (Tu & Th), 3 days (M, W, F), or 5 days (M-F).

Services for before school care (6-9:30 am) and after school care (4-6 pm) are available for an additional charge. Please refer to the weekly fee sheet for those prices.



For more information please contact

Kids Club Coordinator Kate Andersen, 763-792-6111, kandersen@isd12.org.



KC Preschool 2012-13 Contract

ISD #12 District Office/Kids Club
4707 North Road, Circle Pines, MN 55014
Phone: 763-792-6193 • fax: 763-792-6050
web: www.isd12.org • email: kidsclub@isd12.org

Child's Information

Child's Last Name _____ Child's First Name _____

Child's Home Address _____

Child's Birth date _____ Child's Current age _____ Please circle your child's gender: Male Female

Has your child been through Preschool Screening? Yes No Is your child completely toilet-trained? Yes No

Please list any known allergies (medications, bee/insect bites, foods, etc.) for this child. _____

Please indicate any medical, health information or special needs for this child. _____

I understand Kids Club (KC) staff has access to my child's special education IEP (if applicable). _____

Is there a court-restricted contact order involving this child? Yes No *If "yes," please attach applicable court documents for this order.*

Childcare Enrollment Information

\$25 registration fee

I would prefer that my child attends the KC Preschool program at this location: Blue Heron Rice Lake Centerville

Requested start date _____ Is your family eligible for County Childcare Assistance? Yes

Indicate all levels of **consistent*** daily care needed at KC Preschool:

Before School (\$12.45/day) (6 am-9:30 am) Preschool Full Day (\$27 day) 3, 4 or 5 days/wk (9:30 am-4 pm) After School (\$8.60/day) (4 pm-6 pm)

Which Days? M Tu W Th F

OR

Preschool Half Day (\$16/day) 2 days/wk Tuesdays & Thursdays (9:30 am-Noon) Preschool Half Day (\$16/day) 3 days/wk Mondays, Wednesdays & Fridays (9:30 am-Noon) Preschool Half Day 5 days/wk Monday through Friday (9:30 am-Noon)

*KC Preschool cannot bill contracted rates when requested care is not exactly the same for each day your child is in attendance. For example: they cannot bill contracted care for before school and Preschool on Tuesdays, Preschool only for Thursdays, and before school, Preschool and after school on Fridays, etc.

Parent or Guardian Information

Parent #1 Last Name _____ Parent #1 First Name _____ Parent #1 E-Mail _____

Parent #1 Home Phone _____ Parent #1 Daytime Phone _____ Parent #1 Cell Phone _____

Parent #2 Last Name _____ Parent #2 First Name _____ Parent #2 E-Mail _____

Parent #2 Home Phone _____ Parent #2 Daytime Phone _____ Parent #2 Cell Phone _____

Emergency Contact Information

The following two contacts (in addition to those listed above) are authorized to pick up child daily and/or in case of emergency: (To add additional contacts, please provide them on a separate sheet of paper)

Contact #1's Last Name _____ Contact #1's First Name _____ Relationship to Child _____

Contact #1's Home Phone _____ Contact #1's Daytime Phone _____ Contact #1's Cell _____

Contact #2's Last Name _____ Contact #2's First Name _____ Relationship to Child _____

Contact #2's Home Phone _____ Contact #2's Daytime Phone _____ Contact #2's Cell _____

IMPORTANT: If this contract is returned after the registration deadline or after the school year session has begun, there may be up to a two-week delay between the date Kids Club's (KC) Administrative Office receives this completed contract and the time services may begin. **Rush processing of enrollment (where care needs to begin within two weeks' receipt of contract) will require an increased registration fee of \$50.** Families will be contacted by KC via a letter, verifying enrollment and start date. **If paying for registration fee by check, make it payable to Kids Club, and be sure child's name is written on the memo line.**

Terms and conditions — please read (further details are listed in the Kids Club Family Handbook)

- ◆ All tuition for **contracted care is paid a month at a time, and payments are due by the 23rd of that month.** Drop-In services are billed **after** care has been provided via an invoice. Monthly invoices are produced and sent out by the 7th of each month, and payments are always due by the 23rd of each month, after which a \$20 late fee will be assessed.
- ◆ Past due accounts not brought current by the first of the month may result in suspension from the program and possible referral to a collection agency. **Any fees incurred during the collection process will be assessed to the account and are the responsibility of the parent(s)/guardian(s). Families sent to collections can no longer utilize Kids Club services for future childcare needs.**
- ◆ If two or more checks are returned for nonsufficient funds (NSF), that family will be required to make all future tuition payments with a money order.
- ◆ Duplicate statements will be provided upon request at a fee of \$3 per statement.
- ◆ If your child attends days/sessions in addition to their contracted time, you will be charged Drop-In rates for those days.
- ◆ You are responsible for payment of all tuition and fees **regardless of whether your child is in attendance** on your contracted and/or registered days.
- ◆ There is no reduction in tuition charges or related fees for illness, family vacations less than two full weeks in duration, snow days, and delays or closures due to emergencies, inclement weather or suspension status.
- ◆ Contract changes must be for a minimum length of two weeks and are subject to the required two-week rule (see box below). Schedule changes resulting in a reduction of care for less than a two-week period are not eligible for contract changes or tuition adjustments.
- ◆ The signatory on this contract bears full responsibility for payment of the child's account regardless of child care assistance status, child support agreements, legal family arrangements, or third party agreements.
- ◆ Parents who register for optional School Release Day (SRD) care will incur an additional charge. SRD care will be charged to your monthly statement **after** the SRD occurs.
- ◆ Children dropped off or picked up outside of KC Preschool or KC established hours will be assessed early/late fees.
- ◆ Parents must call Kids Club when a child will not be coming after school on a regularly contracted day. Missing children who have not shown up for regularly contracted after school Kids Club will be searched for, as outlined in the **Absence Procedures** section of the Kids Club Family Handbook. As a result, a Missing Child Fee may be assessed.
- ◆ Monthly statements include a summary of all recent account activity. **Do not return monthly invoices with payments; save them for your records, taxes, reimbursement accounts, etc.**
- ◆ Billing discrepancies **must be brought to Kids Club attention within 30 days.**
- ◆ The district's federal tax ID number is 41-600-8811.

A full two-week written notice is required for cancellation of KC Preschool or/KC services or to make contract changes. Notice may be mailed, given to Kids Club staff, faxed to 763-792-6050, or e-mailed to kidsclub@isd12.org (voicemail messages, verbal instructions and telephone conversations are not acceptable means of notification). Be advised that lack of attendance is not acceptable notice, and tuition will continue to be assessed per the contracted rate until proper written notification is received.

I understand that my child may have the opportunity to participate in occasional Kids Club swimming events that will be supervised by qualified lifeguards in addition to Kids Club staff. _____ *initials*

I understand my child may be participating in periodic Kids Club field trips that will be supervised by Kids Club staff, and I will be informed in advance of the date, time, destination and method of transportation. _____ *initials*

I understand that my child may be included in a publicity video or printed media for district use. If I do not wish my child to be included, I will speak to a Kids Club Coordinator. _____ *initials*

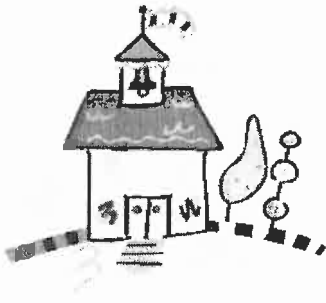
I understand my child may participate in spur-of-the-moment walking field trips while in attendance at Kids Club. I agree that Kids Club staff are not liable or responsible for any accidents or injuries that may occur. _____ *initials*

I understand that KC/Preschool staff will take whatever emergency measures are judged necessary for the care and protection of my child while under their supervision, per the Kids Club Family Handbook. In a life-threatening emergency, 911 will be called first. Any expenses incurred as a result will be the responsibility of the child's family. _____ *initials*

The information contained herein regarding my child, _____, is accurate. I have read and agree to the above terms and conditions. *Please print child's name*

Signature of person legally responsible for payment (required)

Date signed



KC Preschool

Weekly Fees for 2012-13 School Year

FULL DAY OPTIONS AT BLUE HERON, RICE LAKE & CENTERVILLE	5 days/wk	4 days/wk	3 days/wk
All Day Preschool <i>(9:30 am to 4 pm)</i>	\$135.00	\$108.00	\$81.00
All Day Preschool with Before School Kids Club Care <i>(6:00 am to 4 pm)</i>	\$192.00	\$153.60	\$115.20
All Day Preschool with After School Kids Club Care <i>(9:30 am to 6:00 pm)</i>	\$175.00	\$140.00	\$105.00
All Day Preschool with Before School & After School Kids Club Care <i>(6:00 am to 6:00 pm)</i>	\$221.00	\$176.80	\$132.60

LIMITED HALF-DAY OPTION AVAILABLE AT BLUE HERON, RICE LAKE & CENTERVILLE	5 days/wk M-F	3 days/wk M/W/F	2 days/wk Tu/Th
Half-Day <i>(9:30 am to 4 Noon)</i>	\$80.00	\$48.00	\$32.00

- There is a \$25 registration fee per child. Payment for this must be included with your completed registration packet. **The registration fee will temporarily increase to \$50 for contracts received after August 15, when care needs to start the week of September 4. This fee covers rush processing of late enrollments.**
- To make a change in care initially designated on your KC Preschool contract, an administrative contract change fee of \$15 per child will be assessed to your account for contract change requests. **Kids Club requires a two-week advanced written notice for any contract change or cancellation. In order to qualify for a contract change, requested changes must affect your child's contracted care for a period of at least two consecutive weeks. After August 15, 2012, any changes to contracted care would not take effect until September 15.**
- The fee for optional School Release Days (SRD), care provided when school is closed but Kids Club is open at limited sites, is \$35 per day/per child (when registered by deadline stated on SRD flyer). If you plan on having your child attend, you MUST register. The fee is \$50 per day if you sign up after the registration deadline, provided space is available.
- Families are **always billed for care a month at a time, due on the 23rd of that month.** A late fee of \$20 is applied if fees are not paid by the 23rd.



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Tell Us More

The following information will help staff better serve your child.

Child's Name _____ Birth Date _____

1. Has your child been through Early Childhood Screening in District 12? Yes No
If "No," please leave a message at 763-792-5719 to schedule an appointment. Please indicate appointment date: ____/____/____
2. Is there any information you would like to share about your family? (i.e. siblings names and ages, pets, extended family).
3. Is there any information you would like to share about your family's cultural background?
4. Are there any physical or mental disabilities, developmental delays, or any emotional traumas your child has experienced? Please describe:
5. Does your child regularly need medications and/or have food allergies or diet restrictions? Please describe:

6. Is your child receiving special services from Early Childhood Special Education?
Is there anything we should be aware of when communicating with you (availability at work, language barriers)?

7. Is your child able to express himself/herself clearly?

8. What are your child's favorite activities?

9. How does your child respond when upset or angry?

10. Is there anything that your child is afraid of? Does your child have a special toy that will offer comfort?

11. Does your child nap? For how long?

12. What is your child's typical toileting schedule?

Pupil Immunization Record

FOR SCHOOL USE ONLY	
<input type="checkbox"/>	Complete, booster required in _____
<input type="checkbox"/>	In process, 8 mos. expires _____
<input type="checkbox"/>	Medical exemption for _____
<input type="checkbox"/>	Conscientious objection for _____
<input type="checkbox"/>	Parental/guardian consent _____

Student Name _____

Birthdate _____ Student Number _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption (**see back for exemption information**).

Parent: Enter the MONTH, DAY, and YEAR for all vaccines your child received. DO NOT USE (✓) or (*). Vaccines/doses in shaded boxes are recommended but not required by law.

School Personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Diphtheria, Tetanus, and Pertussis (DTap, DTP)					
Diphtheria and Tetanus (DT) • for 6-year-olds and younger					
Tetanus and Diphtheria (Tdap, Td) • for 7-year-olds and older					
Polio (IPV, OPV)					
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday • required for kindergarten and 7th grade					
Hepatitis B (hep B) • required for kindergarten and 7th grade					
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required for kindergarten and 7th grade					
Haemophilus influenza type b (Hib)					
Meningococcal (MCV, MPSV)					
Human Papillomavirus (HPV)					
Hepatitis A (hep A)					

1. Choose one of the following to indicate student's immunization status and the source of the information above:

A. I certify that this student has received all immunizations required by law.

Signature of parent/guardian or physician/public clinic

Date

B. I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K and 7th), varicella (K and 7th), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:

Signature of physician/public clinic

Date

-OVER-

2. Parental/Guardian Consent:

Your child's school is asking your permission to share your child's immunization record with Minnesota's immunization registry to help us better protect students from disease. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization record with Minnesota's immunization registry:

Signature of parent or legal guardian

Date

3. Exemptions to School Immunization Law

A. Medical exemption:

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed. (For varicella disease see * below.)

Exempted immunization(s):

Signature of physician/nurse practitioner/physician assistant

Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____
Year

Signature of physician/nurse practitioner/physician assistant

B. Conscientious exemption:

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

Signature of parent or legal guardian

Date

Subscribed and sworn to before me this _____ day of _____ 20_____

Signature of notary

Additional exemptions:

- Children less than 7 years of age: The 5th dose of DTaP/DTP/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTP/DT (3rd dose of polio) was administered after the 4th birthday.
- Children 7 years of age and older: A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12: A Td or Tdap booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.
- Students 11-15 years of age: A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- Students 10 years or older: May receive Tdap to fulfill the Td requirement for students in grades 7-12.
- Students 18 years of age or older: Do not need polio vaccine.