

**START DATE TO BEGIN CARE:** \_\_\_\_\_

(REGISTRATION WILL NOT BE ACCEPTED WITHOUT A START DATE)



## 2016-2017 KIDSCARE REGISTRATION FORM

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN  
(PLEASE PRINT CLEARLY)

First Name		Middle Initial	Last Name		Phone Number ( )
Address:			City:	State:	Zip Code:
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Age	Grade		Name of School
<b>Full Time:</b> (weekly rate) <input type="checkbox"/> BOTH AM/PM <b>1/2 Day:</b> (weekly rate) <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only			<b>Office Use Only</b>		
			Registration Fee: CK# _____ Registration Fee: Receipt# _____ Recvd by (staff) _____ Date: _____ / ACH _____		
<b>Parents / Guardians</b>					
Father's or Guardian's Name: _____			Work #: _____		
Employer: _____			Work Ext: _____		
Occupation: _____			Cell #: _____		
Address and phone (if different from child): _____					
Mother's or Guardian's Name: _____			Work #: _____		
Employer: _____			Work Ext: _____		
Occupation: _____			Cell #: _____		
Address and phone (if different from child): _____					
<b>Assistance Programs:</b>		<b>Gross Household Income:</b>		<b>Household Structure:</b>	
<input type="checkbox"/> Hoosier Health/TANF/General Assistance		<input type="checkbox"/> Under \$9,000		<input type="checkbox"/> Two Parent Household	
<input type="checkbox"/> Free/Reduced School Lunch Program		<input type="checkbox"/> \$9,001-\$12,000		<input type="checkbox"/> Single Parent Household	
		<input type="checkbox"/> \$12,001-\$15,000		<input type="checkbox"/> Grandparents	
		<input type="checkbox"/> \$19,001-\$23,000		<input type="checkbox"/> Foster Parents	
<b>Ethnic/Racial:</b>		<input type="checkbox"/> \$23,001-\$28,000		<input type="checkbox"/> Guardianship	
<input type="checkbox"/> African American		<input type="checkbox"/> \$28,001-\$33,000		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Asian		<input type="checkbox"/> \$33,001-38,000			
<input type="checkbox"/> Caucasian		<input type="checkbox"/> \$38,001-42,000			
<input type="checkbox"/> Hispanic		<input type="checkbox"/> \$42,001-\$45,000			
<input type="checkbox"/> Multi		<input type="checkbox"/> Over 45,000		<b>Total # living in household:</b>	
<input type="checkbox"/> Native American (Indian)				<input style="width: 50px; height: 20px;" type="text"/>	
<input type="checkbox"/> Other _____					

### EMERGENCY CONTACT NUMBERS (OTHER THAN PARENTS)

Alternate Pick Up \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

**Alternate Pick Up**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

**Health History**

**ALLERGIES** List all known.

❖ **Food allergies** (list)

Describe reaction and management of the reaction.

**MEDICATIONS BEING TAKEN**

**(Medications will not be dispensed by staff)**

My child takes NO medications on a routine basis.

My Child takes medications as follows:

Med #1 _____	Dosage _____	Specific times taken each day _____
Med #2 _____	Dosage _____	Specific times taken each day _____
Med #3 _____	Dosage _____	Specific times taken each day _____

Check if your child is prone to any of the following conditions:

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Upset Stomach  | <input type="checkbox"/> Hyperactive         | <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Ear Problems      | <input type="checkbox"/> Diabetes           |
| <input type="checkbox"/> Visual/Hearing Problems | <input type="checkbox"/> Fainting       | <input type="checkbox"/> Convulsions         |  |   |
| <input type="checkbox"/> Other                   |   |  |  |   |

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Greater Goshen Inc., Boys & Girls Club of Goshen, KidsCare a Division of the Boys & Girls Clubs of Elkhart County, Inc., Boys & Girls Club of Nappanee, Boys & Girls Club of Middlebury, Boys & Girls Club of Elkhart, Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I give permission to KidsCare and the Boys & Girls Club of Greater Goshen Inc. to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any all costs of medical attention and treatment.

I give my permission to KidsCare, and the Boys & Girls Club of Greater Goshen Inc. and to Concord, Elkhart, Goshen and Middlebury Community Schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Goshen, Concord, Elkhart, Nappanee and Middlebury Community Schools or the Boys & Girls Club in writing.

I give my consent for photographs in which my child may appear to be used in any way KidsCare and the Boys & Girls Clubs of Elkhart County, Inc. may care to use them. I understand that KidsCare and the Boys & Girls Club of Greater Goshen Inc. is not responsible for lost or stolen items.

I have read the completed application, understanding the rules of KidsCare and the Boys & Girls Clubs of Elkhart County, Inc. and request that my child be admitted into membership.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Club Member's Signature**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

***"The Positive Place for Kids"***

**Registration Fee:**

Rec'd by \_\_\_\_\_

Date \_\_\_\_\_

Amount Paid \_\_\_\_\_

Check/M.O. # \_\_\_\_\_



## KidsCare Payment Agreement

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### Member Payment Information-Please Print

Member Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

Start Date for 1<sup>st</sup> Automatic Withdrawal  
\_\_\_\_\_

Automatic Withdrawal to be taken?

Weekly: \_\_\_\_\_ Bi-weekly: \_\_\_\_\_

### Instructions:

- Complete Member Payment Information to the left.
- Please select 1 of the 2 options for payment and fill out the option chosen in its entirety.
- Please read KidsCare Terms and Conditions

### Option 1: Automatic Checking/Savings Account Withdrawal –Please Print

\_\_\_\_\_  
Name on the Account

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number (Attach Voided Check)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

(I understand and accept the terms and conditions of this KidsCare Payment Agreement)

### Option 2: Check or Cash

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

(I understand and accept the terms and conditions of this KidsCare Payment Agreement)



## Terms & Conditions for Option 1 Automatic Withdrawal:

- Payment is due in advance and will be processed on Monday for that week of service (If a Holiday falls on a Monday, payment will be processed on Tuesday ) If initial start date is not on a Monday, payment will be taken on first attending day.
- **Payment is due in full whether or not your child(ren) attends unless a “Change of Status” form is filled out withdrawing your child(ren) for two weeks or longer.**
- The Registration Fee is Non-Refundable and Non-Transferable and will be added to your first weekly payment amount.
- There is a 5% discount on weekly fees for choosing automatic withdrawal.
- **To Cancel Automatic Payments:** KidsCare must be notified at least three business days prior to the applicable payment date. If the Automatic Payment is not cancelled in time, the system will still debit the payment from your account.
- **Any Extra Fees or Change of Status Assessed to your Account:** Charges may be but not limited to Registration Fee, Late Pick Up fees, 2 Hour Delay fees, Insufficient Funds and Change of Status will be added or adjusted to your account and payment amount which could cause your Automatic Payment to be greater than the amount indicated on the monthly statement. A separate statement for those fees will be given.
- **Conditions that may cause the Automatic Payment to be cancelled on your Account:**
- If the Automatic Payment has been returned due to insufficient funds twice within a school year. A payment returned as Insufficient Funds may be assessed a \$25.00 fee which will be added to your next scheduled payment.
- If we receive notice that your account has been closed or frozen, or of account number is invalid. A payment returned due to your account being closed, frozen or invalid may be assessed a \$25.00 fee which will be added to your next scheduled payment.

## Terms & Conditions for Option 2 Check or Cash:

- Payment is due in advance by Monday for that week of service (If your child(ren) do not start on a Monday payment for that week will be due on attending start date)
- Payment is due in full whether or not your child(ren) attends unless a Change of Status form is filled out withdrawing your child(ren) for two weeks or longer.
- The Registration Fee is due on or before the child(ren) first day and is Non-Refundable and Non-Transferable
- Extra fees that may be assessed including, but not limited to, Late Pick up Fees, 2 Hr. Delays and Insufficient Funds will be due at time of service. You will also receive a statement for those added fees.

If you have any questions regarding your account or Automatic Payment, please telephone or email:

Jen Defrees

KidsCare Billing Coordinator

Ph. # 574-534-5933 Ext. 219

Fax # 574-537-1925

Email: [jdefrees@bgcelkhartcounty.org](mailto:jdefrees@bgcelkhartcounty.org)



## KidsCare Policies Agreement

***Parents: Please read, understand and sign this agreement; one agreement per family***

**I AGREE TO:**

1. abide by the policies and procedures of the KidsCare Program as printed in the policies and procedures Parent Handbook. I Acknowledge and accept that these agreements are subject to change with 2 weeks written notice.
2. pay the program fees for my child/ren's care on the Friday before or on the Monday of the week of services rendered, as well as the yearly \$15 registration fee. Rates are not based on attendance. If I fall behind on payment I will receive a past due notice. After 2 weeks of no payments received my child/ren will no longer be allowed to participate in KidsCare until payment is made current.
3. be held responsible for regular payment of fees to KidsCare. Non-payment of fees is cause for termination from the program and legal means of collection will be pursued should non-payment occur.
4. Have a parent, authorized adult or family member (as listed on the registration pick-up form, picture ID required) sign-in and out each of my children on a daily basis. Repeated failure to do so will result in my family's termination from the KidsCare program.
5. immediately contact my KidsCare school at the number provided should my child/ren be unable to attend the program as scheduled for any reason.
6. have my child picked up no later than 5:30 pm. I understand that a late fee is assessed at \$10.00 for every 15 minute block of time beginning at 5:30 pm. Repeated late pick-ups may be cause for termination from the KidsCare program.
7. help my child/ren behave in a respectful, courteous manner towards other students as well as adult supervisors. If there is a behavioral problem with my child the KidsCare staff will talk to my child first. If the problem persists, my child may have a short "time-out" away from the others (no more than a minute per their age, or may be asked not to participate in an activity). If the negative behavior remains a problem, I will be contacted and asked to meet and work with KidsCare staff for a more positive result. Next step will be suspension for 1-3 days. A last resort will be a written notification that my child is terminated from the program for the remainder of academic semester or school year.
8. immediately report any changes in my child/ren's important information such as address, telephone number or persons authorized to pick up my child/ren to the KidsCare staff via the "KidsCare Membership Update Form" form.

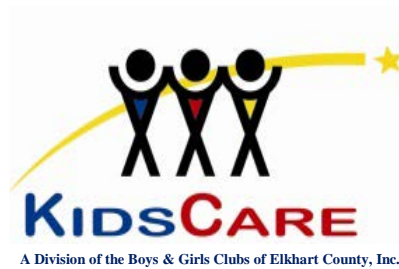
**I UNDERSTAND THAT:**

9. KidsCare is not responsible for any items (toys, electronics, trading cards, etc.) brought to the program by the students and recommends that all such items be left at home so as to avoid unwanted complications.
10. The program has a "No Nit" policy when it comes to head lice. If head lice nits are found parents will be required to pick the child up as soon as possible and a notice will be sent home to all other families in that school's KidsCare program.
11. KidsCare will operate as normal on 2-hour delay days. However, in case the school closes I will be required to pick my child up by 8 am. KidsCare will not operate on canceled school days, or if school is dismissed early for any reason.
12. No refunds or credits will be given if a student does not attend the KidsCare program as scheduled. Holidays are already factored in to my fixed weekly rate as my weekly rate is an average cost for the entire school year. These holidays are: Labor Day, Thanksgiving, Dr. Martin Luther King Jr. Day, Presidents' Day, Good Friday, and Memorial Day.
13. There is a \$10 fee for care only given on 2 hour delay and late start/early release days. For families that attend PM program only.
14. I should save all receipts for KidsCare services for Child Care tax purposes. Our tax ID number is 35-1033735.

*I have read the above KidsCare program policy agreement and understand my responsibilities while my child is enrolled in the program.*

My Name (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

My Child/ren's name(s) \_\_\_\_\_ Date: \_\_\_\_\_



## RATES FOR 2016-2017 SCHOOL YEAR

	<u>Full Day</u>	<u>1/2 Day</u>
	<b>AM &amp; PM Weekly Rate Payable every week in <u>Advance</u></b>	<b>AM or PM Weekly Rate Payable every week in <u>Advance</u></b>
<b>One Child</b>	<b>\$50.00</b>	<b>\$30.00</b>
<b>Second Child</b>	<b>\$45.00</b>	<b>\$25.00</b>
<b>Each Additional Child</b>	<b>\$45.00 each</b>	<b>\$25.00 each</b>
<b>Other Charges</b>		
<b>Registration- One Child- (NON REFUNDABLE) \$15.00 per child</b>		
<b>Late Fee Pick Up- \$10.00 Per 15 Minutes</b>		
<b>Return Check Fee - \$25.00</b>		
<b>Discount Option: Paying by ACH you will receive a 5% discount</b>		

***Please Note:** Full day and 1/2 day weekly rates are NOT based on attendance. Registering for full day or 1/2 day assures that you will have a permanent slot for your child during the school year. When you register for weekly rates you are responsible for payment regardless of your child's attendance.*



## PARENT COPY

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My Child/ren's name(s) \_\_\_\_\_ Date: \_\_\_\_\_