



**ISD 192 – Farmington Community Education
Kid Connection (KC) Program
Summer 2012 Contract**



Registration January 30 – June 1, 2012 (Summer Session June 18-August 24)

Child's Name _____ Date of Birth _____
2012-13 Grade _____ Summer Location: MVES NTES (circle one)

	Parent 1/Guardian Information	Parent 2/Guardian Information
Name		
Street Address		
City, State, Zip		
Home Phone #		
Work Phone #		
Cell Phone #		
Email Address		

Parents listed will have access to this account unless you provide documentation and indicate otherwise: _____

Emergency Information

Please list two individuals (other than parents) who are authorized to pick up your child and/or take responsibility for your child in case of illness or emergency. You **must** contact the staff to give permission to anyone other than a parent to pick up your child.

Name: _____ Phone #: _____
Name: _____ Phone #: _____

Special Needs Information
Please describe any physical limitations or special needs your child may have:
My child is receiving services through Special Education? Yes <input type="checkbox"/> No <input type="checkbox"/>
Swim Lessons at Dodge Middle School
2 weeks session Monday-Thursday June 18-June 28 Cost: \$49/Child - Space is limited! Transportation provided by Marshall Bus Lines. <input type="checkbox"/> Yes, please register my child for swim lessons Swim Level: _____

Fees
Registration Fee: \$40/child, \$70/family Fee per day: \$37/child Fees include breakfast, snack, activities, supplies, fieldtrips, on-site events & t-shirt.
Child's T-Shirt Information
Size needed (circle one)
Child's: M L
Adult: S M L

Please list any significant medical information (include all medications/allergies): _____

Please circle each day your child will attend Kid Connection Summer Care

June					July					August				
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
					2	3	X	5	6			1	2	3
					9	10	11	12	13	6	7	8	9	10
18	19	20	21	22	16	17	18	19	20	13	14	15	16	17
25	26	27	28	29	30	31				20	21	22	23	24

A completed Automatic Payment Form must accompany your contract. The non-refundable registration fee will be charged to the card you list on the Automatic Payment Form.
Please read program guidelines on the reverse side of this contract, sign & date below.

Signature of Parent/Guardian _____

Date _____

Date Received: _____

Please read carefully the following program guidelines:

Contract Guidelines:

1. I understand that my child cannot begin at Kid Connection until I receive written or emailed confirmation from the KC Main Office.
2. I agree to pay the following fees:
 - **Registration Fee (non-refundable):** \$40/child, \$70/family
 - **Tuition Payments:** All families must have an Automatic Payment Form completed and on file in the Kid Connection Office. Your credit/debit card will normally be charged on the Monday following the week of care. If unable to provide required information, other payment arrangements must be made with the Kid Connection Office **prior to beginning** the summer program.
 - **Late Pick up Fee:** \$1.00 per minute will be assessed for any child picked up after 6:05 p.m. Consistent lateness is cause for termination of enrollment.
 - **Late Payment Fee:** \$20.00 for any payment that is more than 5 days past due (enrollment may be terminated if payment is more than 10 days past due).
 - **NSF Charge:** \$30.00 service charge will be applied to all returned checks. NSF checks are submitted to eTech Transaction Solutions, Inc. for payment collection.
 - **Finder's Fee:** If staff were not informed of your child's absence and spent time trying to find him/her, your account may be charged a \$10.00 Finder's Fee.
3. **All requests for schedule changes or cancellations must be made in WRITING to the Kid Connection Office.** Parent will receive confirmation of change/cancellation. Changes need to be received in the office **at least 5 business days prior to the date of change** requested and will be charged a Contract Change Fee of \$20.00. Changes will be based on availability. Withdrawal from program requires a two-week notification. **Notification must be made in WRITING to the Kid Connection Office.**
4. **Absences: No Reductions will be made for absences.**

Serious Accident/Illness:

In an emergency, when immediate attention is needed, I authorize the Kid Connection Program to call 911, and then contact the parent/guardians. After 911 have been called, it is up to the paramedics to decide the appropriate action. If the child(ren) needs emergency treatment, it will be at the nearest available medical facility. I understand that I am responsible for all medical charges.

Sick Child:

A child may not attend childcare with any of the following symptoms: fever 100° or higher, vomiting, diarrhea, undiagnosed rash or head lice. Parent/Guardian will be asked to pick up their sick child or make arrangements with a pre-approved alternate. Your child must remain fever free for 24 hours to return to the Kid Connection Program.

Medication:

Medication will be administered under limited circumstances, when prescribed or authorized by a physician. All medications must be given to Kid Connection staff in the prescription bottle and be accompanied by a completed Medication Authorization Form.

Exchange of Information:

I give my consent to an exchange of information between Kid Connection staff and other Farmington Public Schools professional staff whenever it would be beneficial to my child.

Publicity:

In the event that Kid Connection children are included in any newspaper, radio, television, internet, or web closed circuit TV publicity, I give my permission for my child/ren to be included in the publicity.

Fieldtrip, Transportation & Sunscreen:

I do hereby grant permission and authorize my child to attend and participate in the Kid Connection bus/walking fieldtrips. I understand Kid Connection Staff will supervise the children. In the event of an emergency situation, I authorize the staff to follow Kid Connection emergency procedures. I further acknowledge and agree that in the event of a non-emergency situation such as sickness, minor injuries, or behavioral issues, I will make arrangements to transport my child from the fieldtrip site at the request of the Kid Connection staff. I further authorize Kid Connection staff to apply sunscreen on my child when necessary.

Consent to leave by alternate transportation:

I agree to leave the program by alternate transportation and to reimburse the program for any cost incurred, when a staff member believes that the safety of the child is better served if the parent does not drive.

Both parents' right to pick up:

Under the laws of the state of Minnesota, both parents have the right to pick up their child, unless a court document restricts that right. The enrolling parent who chooses not to include the child's other parent on the authorized pick up list, must file an official court document.

No babysitting policy:

Staff members at Kid Connection are not permitted to babysit for families in our program. Parents can choose to waive this by filling out a Hold Harmless Agreement in the Community Education Office.

Policy Agreement:

I recognize my responsibility and agree to abide by the contract and rules of Kid Connection. I also recognize my responsibility in helping my child respect the rules in order to provide a positive experience for all participants. I also agree that I am responsible for any damages my child may cause while participating in the program. Kid Connection has the right to terminate the relationship at any time for any reason.

We look forward to having your child a part of the Summer Kid Connection Program! Please let us know if you have any questions and we will be happy to help.

Farmington Kid Connection is a program of ISD 192 Community Education
6100 195th St W, Farmington MN 55024
Phone: 651-460-3209 or Fax: 651-460-3210
Kid Connection Coordinator 651-460-3206
Cheryl Hince – Kid Connection Secretary 651-460-3209
Website: www.FarmingtonKidConnection.com

Date Received:



Farmington Area Community Education
Kid Connection
Photo and Publicity Release

Site: _____

Child's Name _____

Grade _____

Child's Name _____

Grade _____

Child's Name _____

Grade _____

Photo/Videotape

My child(ren) may be photographed or videotaped while participating in Kid Connection activities. Videotapes or photographs may be used to promote the program or to train staff.

_____ YES

_____ NO

Parent/Guardian Signature

Date

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(651) 460-3209 Office (651) 460-3210 Fax
www.FarmingtonKidConnection.com

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