

## 2011-2012 KLC After School Care Program

Dear Parents,

At the Kindergarten Learning Center we strive to provide a safe and enjoyable after school program. To ensure your child's safety, you are required to provide picture identification in order to sign your child out. After School Care must be notified if someone other than a designated person is to pick-up your child. You must submit your request in writing and deliver it to the KLC office/after school staff. Also, please prepare that person to present their picture identification. We realize this is sometimes an inconvenience, however your child's safety is our priority concern.

It is extremely important that we have your current mailing address, phone numbers and work place information up to date. In case of sickness, minor injury etc., it may become necessary to contact you.

Our After School Care program is housed at the Kindergarten Learning Center for students that are enrolled. It is policy that we only accept kindergarten children that are within the School Board of Highlands County operations. During school vacations/holidays other kindergarten students not currently attending the KLC (within SBHC operation) may apply for service.

Rules that apply during school hours also apply during after school hours. If your child misbehaves, appropriate action will be taken. Minor offenses will result in time-out and parents will be informed. Major offenses will result in a behavior referral or possible suspension from the program. If major offenses continue, your child will be removed from the program.

In accordance with Highlands County School Board Policy, day care payments **MUST BE PAID IN ADVANCE**. All payments are **REQUIRED on Monday of each week**. The weekly rate is \$30.00 per child, \$55.00 for two children and \$70.00 for three children or more.

If you have any questions or concerns about the After School Care Program, please feel free to contact the office at 314-5281, Ext. 136 to speak to the daycare manager.

.....Detach along the dotted line.....

I have read and understand the above ASC Guidelines.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

# REGISTRATION & STUDENT INFORMATION FORM

CHILD'S NAME \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_

CHILD LIVES WITH:  BOTH PARENTS  MOM  DAD  OTHER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HM PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ MOM CELL \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORKPLACE \_\_\_\_\_ WK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HM PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DAD CELL \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORKPLACE \_\_\_\_\_ WK PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL CONCERNS WE SHOULD BE AWARE OF \_\_\_\_\_

\_\_\_\_\_

AFTER SCHOOL CARE IS NOT PRIVILEGED TO YOUR CHILD'S MEDICAL INFORMATION.

CHILD'S DOCTOR'S NAME \_\_\_\_\_ PH# \_\_\_\_\_

OTHER THAN "CHILD LIVES WITH" WHOM YOUR CHILD MAY BE RELEASED TO:

\_\_\_\_\_

\_\_\_\_\_

For staff use only:

\$10.00 Registration Fee Paid Date \_\_\_\_\_ Ck # \_\_\_\_\_ Cash \_\_\_\_\_

*Kindergarten Learning Center*  
*After School Child Care*

**Daycare Hours: 1:30 p.m. – 5:45 p.m.**

**Registration and Supply Fee: \$10.00** ( Must be submitted upon registration)

**Payment is due each Monday afternoon**

\* For participation of our program, everyone pays a weekly fee. If child is present 1 - 5 days during the week, the cost is the same.\*

**Weekly Cost for Attendance:**

1st Child	\$30.00
2nd Child	\$25.00
3 Children or more	\$15.00 for each additional child

\* Full day childcare cost is \$12.00 per day.

\*\* Early release days are provided at no additional cost.

**Services/Activities:**

Movies	
Arts & Crafts	Athletics
Computer Lab Access	Inside games
Socialization with friends	Recreation

After School Care will be available on teacher work days and most holidays.

**THE SCHOOL BOARD OF HIGHLANDS COUNTY  
RELEASE OF LIABILITY**

I, the undersigned, hereby grant my son/daughter/ward,

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Please print child's name

permission to participate in the Highlands County Child Care Program at the Kindergarten Learning Center. By my signature, I hereby release and hold harmless the above named school, their off campus facilities and the individual sponsors, including teachers, aides, staff members, administrators and principals from all liability from mishap or injury to my child while engaged in the activities of this program. It is understood that extensive precautionary measures will be taken during the program operation.

Please be aware that the KLC daycare hours which are stated in the After School Child Care Registration forms are as follows:

**Daycare begins at 1:30 pm  
Daycare ends promptly at 5:45 pm**

We realize there may be on occasion, emergencies which may cause you to be tardy. However, we expect your child to be picked up on a regular basis on or before 5:45 pm each day. If you find that you will be tardy, it would be appreciated if you would call to make us aware of the situation. A tardy charge of \$15 for the first fifteen minutes will reflect on your Daycare invoice in addition to \$1.00 per minute after the first fifteen minutes.

I understand that all School and County responsibilities end at 5:45 pm

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Date

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Signature of Parent/Guardian

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Print Name

All children participating in the Kindergarten Learning Center after School Care Program and/or Summer Program should carry accident insurance and must have this Release of Liability form on file.