

LEARN PLAY BELONG

Dear Parents,

Thank you for choosing Kidscope to serve you and your family! Our entire team is dedicated to providing the best experience and care possible for your child. Our programming presents grade school fundamentals in a fun and exciting atmosphere. We strive for excellence and are proud you have selected our program to meet your family's needs.

Enclosed in this enrollment packet, you will find the following information:

- *Kidscope Enrollment Form with contract
- *Food Service Form
- *Parent Handbook
- *Acknowledgement of Parent Handbook Form (Parent Signature Required)
- *Schedule forms for the first two weeks of enrollment.

Please look over this information carefully and please, don't hesitate to contact us at the Boys and Girls Club at (605) 886-6666 or your specific site supervisor at the following numbers: Lincoln Kidscope: (605) 880-1283, Roosevelt Kidscope (605) 880-1284, Jefferson Kidscope (605) 882-6390, McKinley Kidscope (605) 880-1281, or Mellette Kidscope at (605) 880-1285. We love to hear from our families and are happy to answer any questions and address any concerns you may have.

Sincerely,
Brittany Kurkowski
Kidscope Coordinator
Boys & Girls Club of Watertown
PO Box 833
Watertown, SD 57201
(605) 886.6666
kurkowb@bgcofwatertown.com



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We ask that you fill out the following schedules for your children upon enrollment:
Please fill out a schedule for their first and second weeks of attendance. After the second week, you will submit your schedules for the following weeks every Wednesday by 6pm. Schedule forms are available at each Kidscope location.

Kidscope Weekly Schedule (School Year)

Dates of Service: _____

Please check one: _____ (Unlimited) _____ (Hourly)

Child's Name: _____

	<u>Arrival Time</u>	<u>Departure Time</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Snack</u>
Monday:	__CLOSED__	_____	_____	_____	_____
Tuesday:	__CLOSED__	_____	_____	_____	_____
Wednesday:	__CLOSED__	_____	_____	_____	_____
Thursday:	_____	_____	_____	_____	_____
Friday:	_____	_____	_____	_____	_____

Kidscope Weekly Schedule (School Year)

Dates of Service: _____

Please check one: _____ (unlimited) _____ (Hourly)

Child's Name: _____

	<u>Arrival Time</u>	<u>Departure Time</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Snack</u>
Monday:	_____	_____	_____	_____	_____
Tuesday:	_____	_____	_____	_____	_____
Wednesday:	_____	_____	_____	_____	_____
Thursday:	_____	_____	_____	_____	_____
Friday:	_____	_____	_____	_____	_____

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Emergency Contact Information, (other than immediate family). These individuals MUST reside in the Watertown area and be willing to assume responsibility for your child if we are unable to reach you. These individuals will be authorized to pick up your child at anytime. You must list two and they must not share the same phone number. If an emergency situation were to arise, and we are unable to reach you or your emergency contacts, Social Services may be contacted to assume responsibility for your child.

1) Name: _____ Relationship: _____ Phone: _____

2) Name: _____ Relationship: _____ Phone: _____

Medical Information

Medical Care: (Both must be completed)

Doctor: _____ Clinic: _____ Phone: _____

Dentist: _____ Clinic: _____ Phone: _____

Health Problems/Special Needs:

Please list any health/special needs:

Allergies: _____

(If your child has been clinically diagnosed with a special health need or allergy, we need to have medical documentation on file of this diagnosis. Please provide us with a doctor's note describing the condition and limitations if any).



Kidscope 2011 Fall Enrollment Agreement



1. I understand that I am enrolling _____ for the __2011-2012__ school year. Kidscope charges \$2.00/hour for each child and offers a 20% discount (\$1.60/hour) for additional children enrolled at Kidscope. Kidscope also offers an unlimited rate option for \$90.00 a month which covers normal school days, early outs, and meals. It does not cover “no school days”. Parents will be billed the normal \$2.00 per hour plus meal charges if they request care on “no school days”.
2. Kidscope must charge for at least a minimum of 1 hour of service on each date a child is scheduled. (Example: if you schedule your child from 3:20 until 4:00, you will be billed for one hour, not 40 minutes). _____ (initial)
3. I understand that this enrollment form and contract establish who is financially responsible for any charges associated with my child’s account. _____ (initial)
4. I understand Kidscope is open Monday-Friday from 3:20pm to 6:00pm with the exceptions of holidays and emergency closings. On scheduled “No School Days, we are open from 7:30am-6:00pm, and on “Early Dismissals” we are open from 12:30pm-6:00pm. _____ (initial)
5. I understand there is a \$20.00 enrollment fee per family. This pertains to new enrollments as well as any return enrollments that have not used our services in the past 90 days. _____ (initial)
6. I understand that schedules (for the following week) are due by 6pm every Wednesday. No calls will be made to solicit a schedule. If a schedule is not turned in by Wednesday by 6pm, Kidscope will “roll over” the most recent schedule we have on file for your child and you will be billed accordingly. _____ (initial)
7. I understand that payments are due every Friday by 6pm for the following week, as we require pre-payment for services. If my payment is not submitted by 6pm on Fridays, I will receive a \$5.00 late fee, and realize my child may not be allowed to attend until payment in full has been submitted. _____ (initial)
8. I understand that I am responsible for making payments on time whether my child is in attendance or not. _____ (initial)
9. I understand that I am responsible for breakfast, lunch, and snack fees. Prices depend on Food Service Qualifications. The prices are \$1.25 for each breakfast, \$2.00 for each lunch, \$1.00 for each snack, and \$0.40 for each milk, if they bring a sack lunch. Meals are included in the Full Time Unlimited Charge, (No School Days excluded). I also understand that I must complete a Food Service Form (enclosed). _____ (initials)



Kidscope “Authorized Pick-up” Permission Form

Child’s Full Name _____

I hereby give permission for my child to leave Kidscope with any of the individuals named below at any time. It is the responsibility of the parent(s) to notify Kidscope in writing of any changes.

Name _____ Phone _____ Relationship to Child _____

Signature of Parent/Guardian _____ Date _____

Liability Release

I verify that I am a Parent/Legal Guardian of _____, and I hereby agree to indemnify and hold harmless the Boys and Girls Club, its agents, volunteers, and employees from any and all liability resulting from incidents or accidents occurring during my child’s participation in program activities or while traveling home from its programs (unsupervised), either by walking or riding their bike.

Child’s Name: _____

Signature of Parent/Guardian _____ Date _____

Kidscope Media Release

Child’s Full Name _____

I DO **I DO NOT** (circle one) Give permission for my child’s photo to be taken and used for Kidscope classroom activities.

I DO **I DO NOT** (circle one) Give permission for my child’s photo to appear in any media coverage approved by Kidscope.

Signature of Parent/Guardian _____ Date _____

Kidscope Academic Records Release

Child’s Full Name _____

I DO **I DO NOT** (circle one) Give permission for my child’s academic records to be obtained from my child’s school by the Boys & Girls Club of Watertown.

Signature of Parent/Guardian _____ Date _____
www.BGCOFWATERTOWN.com



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