



## Program Enrollment Packet for School Year 2017 - 2018

The following must be completed and attached for the application to be processed:  Non-refundable Registration Fee of \$5.00 is required upon submission of this enrollment packet.  Enrollment Form (page 1)  Fee Schedule (page 2)  Behavior Contract (page 3)  Parent Contract (pages 4 & 5)  Identification and Emergency Information Cards  All legal restraining/custody orders  Enrollment packets with the Registration Fee and tuition are due by Wednesday, August 9, 2017. Turn in your completed packet to Kids' Care between 6am – 6pm or to the GVA front office during summer office hours. Enrollment packets received after August 9 will be accepted depending on space available.		
Name of child		
Date of birth	Gender M F	Age
Grade for 2017/2018 school year	Teacher	l
Home address		
Child lives with		
Name:	Relationship to child:	
Person responsible for payments		
Relationship to child		
Billing address		
City	State	ZIP code
Email address		
Cell phone number	Home phone number	
How would you like your billing statement?	Emailed	Mailed

## 2017/2018 Program Fee Schedule

Child's Name:	
First through Eighth Grade	
before and after school care (6:00 a.m. to beginning o	f school day and end of school – 6:00 p.m.) \$270 per month
before school only (6:00 a.m. to beginning of school of	day) \$70 per month
commuter care only (7:30 a.m. to beginning of school	day) \$40 per month
after school only (end of school day – 6:00 p.m.) \$205	5 per month
<u>Kindergarten</u>	
A.M. Session	
before and after school care (6:00 a.m. – 6:00 p.m.) \$2	270 per month
before school only (6:00 a.m. to beginning of school d	ay) \$70 per month
commuter care only (7:30 a.m. to beginning of school	day) \$40 per month
after school only (end of A. M. Session – end of school day for MonThurs.) \$102 per month	
after school only (end of A. M. Session – 6:00 p.m.) \$2	260 per month
P.M. Session	
before and after school care (6:00 a.m. – 6:00 p.m.) \$2	270 per month
before school only (6:00 a.m. to beginning of school d	ay) \$205 per month
before school only (8:15 a.m. to beginning of school d	ay for MonThurs.) \$102 per month
after school only (end of P. M. Session – 6:00 p.m.) \$2	205 per month
	ailability at \$5.00 an hour. Tuition is billed on the hour, nust be prepaid. A \$100.00 deposit is required to cover \$40.00 must remain on your account.
nat payments are due prior to holidays and weekends. Particularly and the payments are due prior to holidays and weekends. Particularly are due to holidays and weekends.	all days requested. Missed days are not credited. I understand ayment for each month is due in full <b>BEFORE</b> the 1st of each aclude a \$20.00 late fee. If the tuition payment is not received by count is paid in full. If at any time I need to alter my current
ame of Person Responsible for payment (Signature)	Date
ame of Person Responsible for payment (Print Name)	Total Due Monthly
ate Requesting Start of New Schedule	Date Received (Filled in by GVA staff)

We look forward to a fun and positive school year! We work to have caring relationships with all children by treating each child kindly and respectfully. It is our practice at Kids' Care to keep open communication between Kids' Care and the parents/guardians by keeping parents/guardians informed of how the child's day has been. Each child deserves a safe and loving environment. In order to provide each child with a safe environment it is important for the child and the parent to be fully informed about our discipline policy.

It is our desire to encourage and assist each child in developing the ability to make positive behavior choices. Each child is expected to follow the teacher's directions the first time that they are asked to do something. A gentle reminder is given if directions are not followed the first time. Children may be asked to sit out until they feel that they are ready to do the right thing. If the child again chooses to not follow directions, then they will be asked to sit out until the teacher sees that the child is ready to be invited back to the activity or group. When a child repeatedly decides not to make good choices, they will lose their free choice activities and the Kids' Care staff will choose their activities for them.

If an incident is severe (Including; but not limited to violence, threats, or repeated disruptions), it may warrant a suspension. We use a system of progressive suspension.

Progressive Suspension Schedule

1<sup>st</sup> Incident – The student goes home that day and suspension for the next day.

2<sup>nd</sup> Incident – The student goes home, followed by two-day suspension.

3<sup>rd</sup> Incident – The student goes home, followed by three-day suspension.

After the 3<sup>rd</sup> incident Kids' Care will determine if enrollment in Kids' Care needs to be discontinued.

Kids' Care is a service to families by providing a quality program and safe environment for GVA students. By signing this agreement, the student and parent(s) choose to support the philosophies of this agreement with words and actions, as well as the policies and practices discussed in the Great Valley Academy Student/Parent Handbook.

Student	Date
,	
Parent/Guardian	Date

<ul> <li>I understand that my summer tuition account must be paid in full before the 2017/2018 school year care can begin (initial)</li> </ul>	
■ I understand that, per this Parent Contract, I am responsible for payment in full for all days requested. Mis days are not credited. Payment for each month is due in full BEFORE the 1 <sup>st</sup> of each month. Tuition rece after the 1 <sup>st</sup> of the month will include a \$20.00 late fee (initial)	
■ I understand that I will be billed on the hour, only in full hours (initial)	
■ I understand that payments are due prior to holidays and weekends. Payments may be turned in directly to Kids' Care tuition drop box located in the Kids' Care activity center. Checks are made payable to GVA (initial)	the
■ I understand that if the tuition payment is not received by the 10 <sup>th</sup> of the month, care will be suspended untimy account is paid in full (initial)	til
■ To withdraw from the program, I will submit written notice to GVA Kids' Care office 14 days prior to my child's last day of attendance OR I will be held responsible for payment in full for the schedule requested this form (initial)	
■ If at any time I need to alter my current tuition package, I will provide 14 days written notice. If I need to reduce my tuition package, I will be responsible for 2 weeks of my current tuition. If I need to increase my tuition package, any changes will be made as soon as feasible. All changes are subject to space available are subject to the Director's discretion (initial)	y
I understand there is no grace period after 6:00 p.m. Any child not picked up by 6:00 p.m. will be charged \$3.00 for each minute past 6:00 p.m. An increase of \$4.00 per minute will be charged for the second occurrence. A 3rd occurrence will result in dismissal from the program (initial)	d
■ I understand that there will be a \$20 charge for non-sufficient funds. If there is a second NSF check agains my account, further payments can only be made by cash, money order or cashier check (initial)	st
■ I understand that if my child remains in GVA Kids' Care after 6:00 p.m. and the staff has not heard from rethe staff will call me first, and then the emergency contacts I have listed on the Emergency Medical Form authorized to take my child from the facility. GVA Kids' Care staff will stay with my child; however, if a one hour my child has not been picked up, the local child protective services agency or Sheriff will be call (initial)	as ıfter
■ I understand that I, or any person(s) designated on the enrollment form and/or emergency contact form will sign (full signature) my child in and out daily. I understand that my child will not be released to any person not listed on the form. All individuals must provide proper identification (initial)	
■ I understand if the GVA Kids' Care staff notifies me, or my designee(s), that my child is ill, I must pick up my child immediately. If my child is absent due to a reportable disease, my child may return only with a physician's note indicating that he or she is no longer contagious (initial)	ρ
■ It is my responsibility to report if my child has a serious medical condition that the supervising staff should aware of. I am aware that GVA Kids' Care does not administer any medication. I am solely responsible to administer any medication my child may need (initial)	
■ I understand that GVA Kids' Care reserves the right to terminate child care services if it is determined that placement is unsatisfactory (initial)	t
■ I understand that unforeseen natural disasters may occur, (i.e. fires, earthquakes)thereby forcing school closures. I understand payment for those days closed are not refunded. If conditions arise during the school are not school is closed. I will pick up my child immediately (initial)	ol

	provide my child (kindergarten only) with a snack for A.M. care, a lunch and a day listed on this form (initial)	la 5
• Kids' Care is not able to m	crowave or refrigerate food (initial)	
■ I understand that my child	nay not bring toys from home to Kids' Care (initial)	
additional fees: Before Sch	ded in most program plans, the following programs are excluded and will in ool Only (\$70 plan), After School Only (\$102 plan), Before School Only (\$40 plan) and Prepaid Drop-In Care (initial)	
Kids' Care program operate is available during selected	e is a convenient service provided by GVA while my child attends school. On a according to the school system calendar. Holiday Care is a separate service times that GVA is closed (i.e., Fall Break, Winter Vacation, and Spring Breakling Care rate is \$30 a day per child (initial)	e that
■ The dates Kids' Care is clo	sed are listed below:	
December 25 January 1, 2 February 19, March 30, 20 May 28, 201	22, 23 & 24, 2017 & 26, 2017 & 15, 2018 2018	each
of the terms, policies and fee Handbook. I understand it is contained in the Student/Pare fee schedules. I give my pern	schedules outlined within the enrollment agreement and the GVA Parent my responsibility to contact GVA with any questions I have about the informat Handbook or any document relating to enrollment policies, procedures, fe ission for my child to participate in all daily activities while attending Kids'	nation es, or
	ecautions and plans for the care and supervision of my child during the day ds' Care or those supervising responsible.	
	ds' Care or those supervising responsible.	
taken. I will not hold GVA K	ds' Care or those supervising responsible.  //_ sible for Payment  Date	
Signature of Person Respon	ds' Care or those supervising responsible.	
Signature of Person Responsible Print name  If it becomes necessary for machool personnel permission permission to the physician sappropriate by the physician.	sible for Payment  Relationship to Child	will be
Signature of Person Responsible Print name  If it becomes necessary for machool personnel permission permission to the physician sappropriate by the physician.	Relationship to Child  Authorization for Medical Care  y child to have medical care while participating in GVA Kids' Care, I hereb o use their judgement in obtaining medical care for the child, and I give elected by the school personnel to render medical care deemed necessary and I understand that the school carries student accident insurance in an amount	will be
Signature of Person Responsible Print name  If it becomes necessary for machool personnel permission permission to the physician sappropriate by the physician. limited to \$50,000 (applies in the personnel permission).	Relationship to Child  Authorization for Medical Care  y child to have medical care while participating in GVA Kids' Care, I hereb o use their judgement in obtaining medical care for the child, and I give elected by the school personnel to render medical care deemed necessary and understand that the school carries student accident insurance in an amount excess of family health insurance if applicable).	will be
Signature of Person Responsible Print name  If it becomes necessary for machool personnel permission permission to the physician sappropriate by the physician. limited to \$50,000 (applies in Print Name)  Great Valley Academy 5901 Sisk Road Salida, CA 95368	Relationship to Child  Authorization for Medical Care  y child to have medical care while participating in GVA Kids' Care, I hereb o use their judgement in obtaining medical care for the child, and I give elected by the school personnel to render medical care deemed necessary and understand that the school carries student accident insurance in an amount excess of family health insurance if applicable).  Authorized Signature of Parent/Legal Guardian  Date  209-840-2172 (Kids' Care)	will be
Signature of Person Responsible Print name  If it becomes necessary for machool personnel permission permission to the physician suppropriate by the physician. Ilmited to \$50,000 (applies in Print Name  Great Valley Academy 5901 Sisk Road Salida, CA 95368  ***********************************	Relationship to Child  Authorization for Medical Care  y child to have medical care while participating in GVA Kids' Care, I herebouse their judgement in obtaining medical care for the child, and I give elected by the school personnel to render medical care deemed necessary and understand that the school carries student accident insurance in an amount excess of family health insurance if applicable).  Authorized Signature of Parent/Legal Guardian  Date  209-840-2172 (Kids' Care) 209-545-7500 (GVA office phone)	will be

## PARENT COPY

The following pages are for you to keep for your records.

-	I understand that my summer tuition account must be paid in full before the 2017/2018 school year care can begin (initial)
•	I understand that, per this Parent Contract, I am responsible for payment in full for all days requested. Missed days are not credited. Payment for each month is due in full BEFORE the 1 <sup>st</sup> of each month. Tuition received after the 1 <sup>st</sup> of the month will include a \$20.00 late fee (initial)
•	I understand that I will be billed on the hour, only in full hours (initial)
•	I understand that payments are due prior to holidays and weekends. Payments may be turned in directly to the Kids' Care tuition drop box located in the Kids' Care activity center. Checks are made payable to GVA. (initial)
-	I understand that if the tuition payment is not received by the 10 <sup>th</sup> of the month, care will be suspended until my account is paid in full (initial)
•	To withdraw from the program, I will submit written notice to GVA Kids' Care office 14 days prior to my child's last day of attendance OR I will be held responsible for payment in full for the schedule requested on this form (initial)
•	If at any time I need to alter my current tuition package, I will provide 14 days written notice. If I need to reduce my tuition package, I will be responsible for 2 weeks of my current tuition. If I need to increase my tuition package, any changes will be made as soon as feasible. All changes are subject to space available and are subject to the Director's discretion (initial)
•	I understand there is no grace period after 6:00 p.m. Any child not picked up by 6:00 p.m. will be charged \$3.00 for each minute past 6:00 p.m. An increase of \$4.00 per minute will be charged for the second occurrence. A 3rd occurrence will result in dismissal from the program (initial)
-	I understand that there will be a \$20 charge for non-sufficient funds. If there is a second NSF check against my account, further payments can only be made by cash, money order or cashier check (initial)
-	I understand that if my child remains in GVA Kids' Care after 6:00 p.m. and the staff has not heard from me, the staff will call me first, and then the emergency contacts I have listed on the Emergency Medical Form as authorized to take my child from the facility. GVA Kids' Care staff will stay with my child; however, if after one hour my child has not been picked up, the local child protective services agency or Sheriff will be called. (initial)
•	I understand that I, or any person(s) designated on the enrollment form and/or emergency contact form will sign (full signature) my child in and out daily. I understand that my child will not be released to any person(s) not listed on the form. All individuals must provide proper identification (initial)
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Novemb Decemb January				
of the terms, policies and Handbook. I understand contained in the Student/ fee schedules. I give my I believe that the necessa	e carefully read this document a I fee schedules outlined within the it is my responsibility to contact. Parent Handbook or any document permission for my child to particularly precautions and plans for the 'A Kids' Care or those supervision	he enrollment agreement and to t GVA with any questions I he ent relating to enrollment poli- cipate in all daily activities whe care and supervision of my cl	the GVA Parent ave about the informati icies, procedures, fees, hile attending Kids' Car	on or re.
Signature of Person Re	sponsible for Payment		// Date	
	sponsione for Lugineiro		2400	
Print name		Relationship to Child	1	
	Authorization fo	or Medical Care		
school personnel permiss permission to the physici appropriate by the physic	for my child to have medical cardsion to use their judgement in obtain selected by the school personant. I understand that the school es in excess of family health instantial cards are selected by the school personant.	staining medical care for the c nnel to render medical care de l carries student accident insu	hild, and I give emed necessary and	ve
Print Name	Authorized Signature of	Parent/Legal Guardian	// Date	
Great Valley Academy 5901 Sisk Road Salida, CA 95368		209-840-2172 (Kids' 209-545-7500 (GVA	' Care)	
			-1111111111111-	

## PARENT COPY - Kids' Care 2017/2018 Behavior Contract

We look forward to a fun and positive school year! We work to have caring relationships with all children by treating each child kindly and respectfully. It is our practice at Kids' Care to keep open communication between Kids' Care and the parents/guardians by keeping parents/guardians informed of how the child's day has been. Each child deserves a safe and loving environment. In order to provide each child with a safe environment it is important for the child and the parent to be fully informed about our discipline policy.

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Student	Date
Parent/Guardian	Date

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tids' Care

Dear Friend,

Hello! My name is Mrs. Ginger Cook and I want to welcome you to Kids' Care. The Kids' Care staff is looking forward to meeting you. We are devoted to creating a fun and positive program in which children can grow. We will have a great year learning and laughing, and you will have fun with the new friends you will make.

Parents: Kids' Care has an ample assortment of toys, so please have children leave all toys at home. Kindergarten students who stay for rest time may bring one small blanket that will fit in their blanket box.

Please provide two nutritious snacks and a healthy lunch if your child is with us during the morning, lunch and afternoon. For children staying past 3:30pm, please pack a snack for afterschool. Kids' Care is not able to microwave food or refrigerate food.

We look forward to a fun and exciting year!

Thank you,

Mrs. Ginger Cook

Kids' Care Director