

# Mahomet-Seymour Community Unit School District #3

## BEFORE AND AFTER SCHOOL PROGRAMS

**AM Kids Club** — Contact person: Jan Mason [kangarookids@ms.k12.il.us](mailto:kangarookids@ms.k12.il.us)

**WHO:** Children grades K – 5th Grade

**WHERE:** Sangamon

**WHEN:** 7:00 – 8:00 a.m. at Sangamon

**COST:** \$15.00 per week or \$3.00 each morning

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**Sangamon After School Kids Club**—Contact person: Kathy Curnutte [kidsclub@ms.k12.il.us](mailto:kidsclub@ms.k12.il.us)

**WHO:** Children grades Kindergarten – 2nd Grade

**WHERE:** Sangamon

**WHEN:** 3:00 – 6:00 p.m. at Sangamon

**COST:** After School: \$38.00 for CUSD staff per week **or** \$9.00 per day  
\$45.00 for all others per week **or** \$10.00 per day

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**Lincoln Trail After School Kids Club**—Contact person: Terri Durst [kidsclub@ms.k12.il.us](mailto:kidsclub@ms.k12.il.us)

**WHO:** Children grades 3rd – 5th Grade

**WHERE:** Lincoln Trail

**WHEN:** 3:00 – 6:00 p.m. at Lincoln Trail (K-2)

**COST:** After School: \$38.00 for CUSD staff per week **or** \$9.00 per day  
\$45.00 for all others per week **or** \$10.00 per day

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**ENROLLMENT FEE:** Please return completed registration form and a one-time per family \$25.00 non-refundable registration fee for Kangaroo Kids or Kids Club to: Middletown Early Childhood Center, P.O. Box 229, Mahomet, Illinois 61853.

**PAYMENT:** Payments **must** be made on-line by credit or debit card using your child's school ID number through the Mahomet-Seymour CUSD#3 Webstore at [www.ms.k12.il.us](http://www.ms.k12.il.us). You may contact your child's school for their ID number. **Payment is due at the beginning of each week for all days that your child is scheduled to attend Kids' Club.** Payment is not required for days that Kids Club is not in session. If payment is not received within 5 days of due date, your child will not be accepted into care and you will be called to make other arrangements. **If 10 days pass without payment, child care services will be terminated and the collection process will begin.**

We accept payment through programs such as Child Care Resource Service. The application must be filled out and returned to Child Care Resource Service within one week of your child's enrollment or your child will not be accepted back into care until the paper work is complete. Your monthly co-payment, should this apply, will be due at the first of the month. Also, should you sign up for a.m. Kids' Club; these fees are not reimbursed by the state and will be your responsibility. You are still required to pay the \$25.00 registration fee.

**Please mark appropriate box on page 3 regarding financial assistance from the state**

**STUDENT INFORMATION:** **AM Kids Club** \_\_\_\_\_ **PM Kids Club** \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F **Grade School Year 2012 – 2013** \_\_\_\_\_

**All Week** \_\_\_\_\_ **OR** **Circle Days Attending:** Monday Tuesday Wednesday Thursday Friday

Does your child need any special accommodations or assistance? (please list) \_\_\_\_\_

**MEDICAL INFORMATION:** Please list any medical information, which pertains to your child's involvement in Kids' Club (i.e. seizures, asthma, allergies, ADD, diabetes, etc.): **INCLUDING** all medications.

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**STUDENT INFORMATION:** **AM Kids Club** \_\_\_\_\_ **PM Kids Club** \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F **Grade School Year 2012 – 2013** \_\_\_\_\_

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Does your child need any special accommodations or assistance? (please list) \_\_\_\_\_

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**STUDENT INFORMATION:** **AM Kids Club** \_\_\_\_\_ **PM Kids Club** \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F **Grade School Year 2012 – 2013** \_\_\_\_\_

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Does your child need any special accommodations or assistance? (please list) \_\_\_\_\_

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**FAMILY INFORMATION:**

Father's Last/First Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Last/First Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# **AUTHORIZATION FORM**

**CHILD'S NAME:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**FATHER EMAIL:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**MOTHER EMAIL:** \_\_\_\_\_

**MOM CELL:** \_\_\_\_\_

**MOM WORK** \_\_\_\_\_

**DAD CELL** \_\_\_\_\_

**DAD WORK** \_\_\_\_\_

## **PICK-UP /EMERGENCY LIST**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE NUMBER</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I Authorize Only The People I Have Written Above To Pick-Up My Children.**

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

## **MEDICAL INFORMATION**

**DOCTOR'S NAME:** \_\_\_\_\_

**HOSPITAL PREFERENCE:** \_\_\_\_\_

Child \_\_\_\_\_ **ALLERGIES TO MEDICATION:** \_\_\_\_\_

**OTHER ALLERGIES:** \_\_\_\_\_ **INSURANCE #** \_\_\_\_\_

Child \_\_\_\_\_ **ALLERGIES TO MEDICATION:** \_\_\_\_\_

**OTHER ALLERGIES:** \_\_\_\_\_ **INSURANCE #** \_\_\_\_\_

Child \_\_\_\_\_ **ALLERGIES TO MEDICATION:** \_\_\_\_\_

**OTHER ALLERGIES:** \_\_\_\_\_ **INSURANCE #** \_\_\_\_\_

**I give the Kids' Club program permission to take my children to an approved hospital emergency room and/or call the Paramedics in case of sudden illness or accident. Additionally, I specifically constitute and appoint the Kids' Club program my true and lawful attorney for the purpose of authorizing medical treatment to, and the performance of any procedure determined to be necessary after consultation with the emergency or family physician.**

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Mahomet-Seymour Community Unit School District #3**

**Kids Club Kids**

**2012 – 2013 School Year**

**During the course of (list children's names)** \_\_\_\_\_

**enrollment at Kids' Club, I** \_\_\_\_\_ **, as the child's**  
**parent/guardian, give the staff permission to:**

1. Take my child on supervised excursions or field trips.
2. Take and use photographs of my child for educational and public relation purposes.

**During the course of (list children's names)** \_\_\_\_\_

**enrollment at Kids' Club, I** \_\_\_\_\_ **, as the child's**  
**parent/guardian, agree:**

1. Call **Sangamon** School (586-4583) Extension 2645 for Kathy Curnutte if your child is in kindergarten, first or second grade and **Lincoln Trail** school 586-2811 extension 3114 for Terri Durst if your child is in third, fourth or fifth grade by 2:00 p.m. when my child will not attend Kids' Club that day.
2. **Payment is due at the beginning of each week for all days that your child is scheduled to attend Kids' Club.** Payment is not required for days that Kids' Club is not in session. If payment is not received within 5 days of due date, your child will not be accepted into care and you will be called to make other arrangements. **If 10 days pass without payment, child care services will be terminated and the collection process will begin.**

**I will be applying for assistance through a state funded program. Yes**  **No**

3. Provide payment at the beginning of each week for all days that my child is **scheduled** to attend Kids' Club. Payment is **not** required for days that Kids' Club is not in session.
4. Provide one-week notice when taking my child out of Kids' Club.
5. My student's enrollment may be discontinued if Kids' Club Services are not deemed appropriate.
6. Pick my child up by 6:00 p.m. Doors close promptly at 6:00 p.m. Since no worker is scheduled past 6:00 p.m., you will be charged for the overtime. Habitually late pick-ups will be dropped from the program.

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

\_\_\_\_\_  
**Date**

## Classroom Teacher Sign Out Agreement

During the course of (list children's names) \_\_\_\_\_  
enrollment at Kids' Club, I \_\_\_\_\_, as the child's parent/guardian,  
agree that my child may be signed out by their classroom teacher for such purposes as receiving  
additional instructional support, homework assistance or for assisting the teacher in classroom  
preparation. I understand that these activities will be on an intermittent basis and that I may revoke  
this consent at any time by requesting the revocation in writing and submitting it to the Kids' Club  
supervisor.

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