



Kenyon-Wanamingo Community Education KNIGHTS KIDS CARE 2020 - 2021

**Certified Childcare Serving children ages 33 months to 6 years
(not yet in Kindergarten)
School Age Care serving children Kindergarten – Grade 5**

Hours: 6:00 a.m. – 6:00 p.m.

Located in the K-W Elementary School in Wanamingo and the K-W Middle/High School in Kenyon

- Locations:** K-W Elementary School Room 120 in Wanamingo and K-W Middle/High School Room F116 in Kenyon
- Program Hours:** Open from 6:00 a.m. to 6:00 p.m. at each location.
- Program Dates:** **Open** September 8 – June 3.
Closed Sept. 7; Nov. 26, 27; Dec. 24, 25, 31; Jan. 1; Apr. 2; May 31.
- Funding Source:** The Knights Kids Program is supported by fees paid by participating families. Payments are accepted from the Child Care Assistance program. For more information contact the Social Service office of the county in which you reside.
- Registration Fee:** Registration fee is \$30 per family. Space is available on a first come, first serve basis with **paid** registration fee.

Childcare Program Advantages (for children 33 months to 6 years not yet in Kindergarten):

- **Curriculum and Enhanced Learning Activities:** This school readiness program aligns with the Little Knights Preschool curriculum to build on social skills, math, writing, reading, music and art taught in preschool. Virtual field trips and guest speakers among other fun activities will keep your child interested and motivated!
- **Flexibility:** Register for childcare one to five days a week.
- **Breakfast and Lunch Options:** Available for a separate fee through K-W School Food Service program or child may bring a meal from home. Children who qualify may participate in free and reduced meal program. Ask for an *Application for Educational Benefits* form to see if you qualify.
- **Transportation Options:** Children ages 4 and older enrolled in Little Knights Preschool or Knights Kids may ride a rural route or shuttle bus only if a K-12 sibling is also on the bus. **3-year old may not ride the bus.**

Daily Schedule: during the morning hours the children participate in structured choice activities, large motor activities, group time, snack and lessons based on the weekly topic. After lunch children have relaxation and nap time. For the children that do not nap, they participate in tabletop and structured choice activities. Outside play, snack and structured choice activities complete the program for the day. ***Note: Children need to be toilet trained & able to use the bathroom independently.**

School Age Care Program Advantages (for children kindergarten-grade 5):

- Kenyon and Wanamingo sites offer care before school, after school, and on non-school days for children Kindergarten - Grade 5.
- A variety of experiences and activities will be offered daily.
- Flexible care options: Full Time, Part Time, Drop-In & Varied Schedule.
- Inclement Weather Care registration option.

Before school the sites are open from 6:00-8:00 a.m. In Kenyon, Knights Kids staff accompany students to the morning shuttle bus. Breakfast is at 7:35 a.m. in Wanamingo (Shuttle bus children upon arrival to Wanamingo) and is not included in the Knights Kids fee; those fees are paid directly from your child's food service account. Students may ride the shuttle bus to and from Wanamingo or Kenyon to attend the before and after school programs. In Kenyon, Knights Kids staff meet the students outside when their afternoon shuttle arrives. After School Care is available at both sites from 2:45-6:00 p.m. daily.

Program Questions: Kay Benzick, Knights Kids Coordinator 507-789-7028 kbenzick@kw.k12.mn.us
Amy Belcher, Community Education Director 507-789-7015 abelcher@kw.k12.mn.us

Visit our website: <http://www.kw.k12.mn.us>

For more information, view the Knights Kids Parent Handbook online <http://www.kw.k12.mn.us/knights-kids-childcare>

Registration Forms

Page 3 – 4 33 mo. – 6 yrs. (not yet in Kindergarten)
Page 5 – 6 School Age Kindergarten – Grade 5

FEES for 2020 – 2021 School Year

Ages 33 mo. – 6 yrs. (not yet in Kindergarten)

CHILDCARE FEES Based on contracts or monthly calendar	OPTION 1 CONTRACTED	OPTION 2 FLEXIBLE CALENDAR	DROP-IN
FULL DAY	32	34	39
PRESCHOOL DAY	27	34	39
NON-SCHOOL DAY	32	34	39

School Age

SCHOOL AGE FEES Based on monthly calendar	FULL TIME 4 days a week minimum	PART TIME 1 – 3 days a week	DROP-IN & VARIED SCHEDULE
BEFORE SCHOOL	7	8	10
AFTER-SCHOOL UNTIL 4:30 PM	9	10	15
AFTER SCHOOL UNTIL 6:00 PM	12	13	15
NON-SCHOOL DAY	32	34	39

School Age Inclement Weather Care

INCLEMENT WEATHER FEES School Age register separately	ENTIRE DAY	2 HOUR LATE START	EARLY DISMISSAL
REGISTERED & CHILD ATTENDS	32	12	22
REGISTERED & CHILD DOES NOT ATTEND	32	12	22

Knights Kids Childcare Contract 2020 – 2021
AGES 33 MONTHS TO 6 YEARS (not yet in Kindergarten)

Return to: Kenyon-Wanamingo Community Education

Mail: 400 Sixth St., Kenyon MN 55946 **Fax:** 507-789-6104 **Email:** kbenzick@kw.k12.mn.us

Child's Name _____ Birthdate _____ Male Female

Child Resides with: Mother Father Both Person Responsible for payments _____

Parent/Guardian Name (1): _____ Email: _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Parent/Guardian Name (2): _____ Email: _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Initials _____ **This contract starts on the date indicated in the box below and ends June 3, 2021.** Option 1: We will bill you for the days of the week you indicate per your contract unless the Childcare is closed due to a staff holiday. Contract will only be changed if a change of contract is submitted. If you consistently need to add days, we will request you change your contract. Option 2: Flexible calendar contract is billed per your child's submitted monthly calendar. **Please Note:** Children need to be toilet trained and be able to use the bathroom independently. Children should be able to put on/ take off their own jacket, boots and hats. However, there is plenty of help from the staff for zippers, and mittens as needed.

Initials _____ **Parent/guardian will be charged the daily rate based upon the Knights Kids Childcare contract option selected in the box below.** Payments are required when a child is not in attendance due to illness, personal reasons or inclement weather (Knights Kids is open on inclement weather days and is included as part of the contracted days). You will not be charged if a staff holiday occurs on your contracted day. Families will be billed every two weeks and statements will be emailed. Payments are expected by the due date on the statement; otherwise a \$15 late fee will be assessed. Failure to make payments on time will result in termination from the program. If one payment is missed, service will be discontinued, and prepayment may be required for future attendance.

Initials _____ I will make payment by check (payable to Knights Kids), online payments at <http://www.kw.k12.mn.us> or cash. A \$20 charge will be assessed for all returned (NSF) checks.

Initials _____ Knights Kids closes at 6:00 pm and that a fee of \$1 for every minute after 6:00 pm will be assessed for late pickup. **Three (3) warnings** within a one-year period will result in dismissal from the Knights Kids Program.

OPTION 1: CONTRACTED DAYS WITH \$5 DISCOUNT ON PRESCHOOL DAYS

- Check the location and days your child will attend. Days that are checked will be your child's contracted days.
- Preschool day Fee (\$27 per day → SAVE \$5 on your child's preschool days).
- Non-Preschool day Fee (\$32 per day).

Kenyon Wanamingo

Monday Tuesday Wednesday Thursday Friday

CONTRACT START DATE: _____

Arrival Time: _____
Departure Time: _____

OPTION 2: FLEXIBLE CALENDAR CONTRACT

- Check the location your child will attend and days your child is likely to attend.
- Fill out a monthly attendance calendar and turn it in by due date listed on the calendar.
- Once a calendar is turned in, the parent is responsible for payment according to the submitted calendar.
- There will be no refunds for calendar changes or scheduled days missed.
- Knights Kids Childcare Fees (\$34 per day; \$39 drop in per day; \$5 discount on preschool days does not apply).

Kenyon Wanamingo DROP IN

Monday Tuesday Wednesday Thursday Friday

Transportation Information: Children ages 4 and older enrolled in Little Knights Preschool or Knights Kids may ride a rural route bus (please indicate bus number) or shuttle bus only if a K-12 sibling is also on the bus. 3-year old may not ride the bus. It is the parent's responsibility to let the bus driver know when your child/children will or will not be riding the school bus. **RURAL ROUTE BUS #** _____

Arrival: Parent drop-off Shuttle Bus from Kenyon Shuttle Bus from Wanamingo Rural Route Bus

Departure: (please circle appropriate location) Kenyon/Wanamingo Parent Pickup Kenyon/Wanamingo Rural Route Bus

Shuttle Bus to Kenyon / Wanamingo for Rural Route Bus Shuttle bus to Kenyon / Wanamingo for Knights Kids Learning Center

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____

Registration fee per family due with registration: \$30 Amount \$ _____ **Cash** **Check** # _____ **Date Rcvd:** _____

Visa MC

Exp. Date ____/____/____

KNIGHTS KIDS PERMISSION & RELEASE and HEALTH INFORMATION

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Emergency Contact / Authorized Pick-Up

Name of friends or relatives to call in case of illness or emergency if you cannot be reached. Emergency contact MUST be local and at least 18 years old. Authorized pick-up person MUST be over 13 years of age.

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Persons **NOT** authorized to take child from the program. (Copies of legal documents MUST be provided to the program coordinator before any staff person can actively prevent non-custodial parent from picking up their child.)

1. _____ 2. _____

Initials _____ **Publicity:** In the event that students in this program are included in any newspaper, radio, television or social media, I give permission for my child to be included in the pictures and the release of his/her names.

Initials _____ **Field Trip:** Field trips may be planned from time to time as part of the activities this program. I give my consent for my child to take part in field trips under proper supervision. I understand that I will receive prior notification of all field trips out of town. Outings off school grounds that stay in town, may not have prior notification.

Initials _____ **Transportation:** I give my consent to Knights Kids to transport my child in a school issued vehicle to activities and fieldtrips.

Initials _____ **Movies:** I give permission for my child to view "PG" movies, content to be viewed by staff prior to showing.

Initials _____ **Exchange of Information:** I give my consent to an exchange of information between my child's Knights Kids and other Kenyon-Wanamingo Public School professional staff whenever it would benefit my child.

Initials _____ **Medical Emergencies:** I give my permission to Knights Kids to make whatever emergency measures are judged necessary for the care and protection of my child while under supervision at Knights Kids.
In the case of a medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local emergency resource (police or ambulance crew) deems it necessary. I will be responsible for the cost of the transportation and all medical charges. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent and/or another adult acting on the parent's behalf. Medical insurance coverage for children is the responsibility of the child's family or guardian.

Initials _____ **Non-Prescription Medication Permission:** I hereby give my permission to apply or administer any of the following which have been checked.

- Sunscreen (must be provided in labeled container by parent)
- Insect repellent (must be provided in labeled container by parent)
- Medical Supplies: such as band aids, adhesive tape, antiseptic wipes, ice packs, etc...

Initials _____ **Immunization Form:** My child's forms are on file with KW School Nurse, Little Knights Preschool or Knights Kids.

Initials _____ **Parent Handbook:** I have read and understand the contents of the Knights Kids Handbook. I agree to abide by the policies contained within. Handbook online: <http://www.kw.k12.mn.us/knights-kids-childcare>

Initials _____ **Policy Agreement:** I recognize my responsibility to respect the rules of the Knights Kids program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

Personal Information about child: Please "X" by any of the following health concerns that apply to your child:

___ADD	___ Asthma/Inhalers	___ Diabetes	___ Other, please list
___ ADHD	___ Bladder/Bowel Problems	___ Hearing or Vision Problems	_____
___ Allergies*	___ Bloody Noses	___ Seizures	_____

***Allergy Information Form needs to be completed.**

Special interests or favorite activities of your child: _____

Any additional information: _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____

Knights Kids School Age Care Contract 2020 – 2021

KINDERGARTEN – GRADE 5

Return to: Kenyon-Wanamingo Community Education

Mail: 400 Sixth St., Kenyon MN 55946 **Fax:** 507-789-6104 **Email:** kbenzick@kw.k12.mn.us

Child's Name (1): _____ Birthdate: _____ Grade: K 1 2 3 4 5 Male Female

Start Date: _____ Circle days likely to attend: Monday Tuesday Wednesday Thursday Friday Drop In

Mornings: Kenyon Wanamingo Afterschool: Kenyon Wanamingo Non-school days: Kenyon Wanamingo

Child's Name (2): _____ Birthdate: _____ Grade: K 1 2 3 4 5 Male Female

Start Date: _____ Circle days likely to attend: Monday Tuesday Wednesday Thursday Friday Drop In

Mornings: Kenyon Wanamingo Afterschool: Kenyon Wanamingo Non-school days: Kenyon Wanamingo

Child Resides with: Mother Father Both **Person Responsible for payments** _____

Parent/Guardian Name (1): _____ Email: _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Parent/Guardian Name (2): _____ Email: _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

SCHOOL AGE FEES Based on monthly calendar	FULL TIME 4 days a week minimum	PART TIME 1 – 3 days a week	DROP-IN & VARIED SCHEDULE
BEFORE SCHOOL	7	8	10
AFTER-SCHOOL UNTIL 4:30 PM	9	10	15
AFTER SCHOOL UNTIL 6:00 PM	12	13	15
NON-SCHOOL DAY	32	34	39

Initials _____ I am enrolling my child/ren in the Knights Kids School Age Care program and will complete and submit a child's attendance calendar by the calendar due date. Once a calendar is submitted, I am responsible for payment for the dates indicated on my child's attendance calendar. There will be no refunds for calendar changes or scheduled days missed. Inclement weather care will be registered for separately.

Initials _____ I am responsible for full payment of childcare according to my bill. Families will be billed every two weeks and statements will be emailed. Payments are expected by the due date on the statement; otherwise a \$15 late fee will be assessed. Failure to make payments on time will result in termination from the program. If one payment is missed, service will be discontinued, and prepayment may be required for future attendance.

Initials _____ I will make payment by check (payable to Knights Kids), online payments at <http://www.kw.k12.mn.us> or cash. A \$20 charge will be assessed for all returned (NSF) checks.

Initials _____ I am responsible for calling Knights Kids if my child is ill or will not attend a scheduled day. Search fee of \$5.00 will be billed to my account if Knights Kids needs to locate my child. If my child was scheduled to attend and doesn't, I will be charged my child's rate for that day.

Initials _____ Knights Kids closes at 6:00 pm and that a fee of \$1 for every minute after 6:00 pm will be assessed for late pickup. **Three (3) warnings** within a one-year period will result in dismissal from the Knights Kids Program.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____

Registration fee per family due with registration: \$30 Amount \$ _____ Cash Check # _____ Date Rcvd: _____

Visa MC

Exp. Date ____/____/____

KNIGHTS KIDS PERMISSION & RELEASE and HEALTH INFORMATION

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Emergency Contact / Authorized Pick-Up

Name of friends or relatives to call in case of illness or emergency if you cannot be reached. Emergency contact MUST be local and at least 18 years old. Authorized pick-up person MUST be over 13 years of age.

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Persons **NOT** authorized to take child from the program. (Copies of legal documents MUST be provided to the program coordinator before any staff person can actively prevent non-custodial parent from picking up their child.)

1. _____ 2. _____

Initials _____ **Publicity:** In the event that students in this program are included in any newspaper, radio, television or social media, I give permission for my child to be included in the pictures and the release of his/her names.

Initials _____ **Field Trip:** Field trips may be planned from time to time as part of the activities this program. I give my consent for my child to take part in field trips under proper supervision. I understand that I will receive prior notification of all field trips out of town. Outings off school grounds that stay in town, may not have prior notification.

Initials _____ **Transportation:** I give my consent to Knights Kids to transport my child in a school issued vehicle to activities and fieldtrips.

Initials _____ **Movies:** I give permission for my child to view "PG" movies, content to be viewed by staff prior to showing.

Initials _____ **Exchange of Information:** I give my consent to an exchange of information between my child's Knights Kids and other Kenyon-Wanamingo Public School professional staff whenever it would benefit my child.

Initials _____ **Medical Emergencies:** I give my permission to Knights Kids to make whatever emergency measures are judged necessary for the care and protection of my child while under supervision at Knights Kids.
In the case of a medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local emergency resource (police or ambulance crew) deems it necessary. I will be responsible for the cost of the transportation and all medical charges. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent and/or another adult acting on the parent's behalf. Medical insurance coverage for children is the responsibility of the child's family or guardian.

Initials _____ **Non-Prescription Medication Permission:** I hereby give my permission to apply or administer any of the following which have been checked.

- Sunscreen (must be provided in labeled container by parent)
- Insect repellent (must be provided in labeled container by parent)
- Medical Supplies: such as band aids, adhesive tape, antiseptic wipes, ice packs, etc...

Initials _____ **Immunization Form:** My child's forms are on file with KW School Nurse, Little Knights Preschool or Knights Kids.

Initials _____ **Parent Handbook:** I have read and understand the contents of the Knights Kids Handbook. I agree to abide by the policies contained within. Handbook online: <http://www.kw.k12.mn.us/knights-kids-childcare>

Initials _____ **Policy Agreement:** I recognize my responsibility to respect the rules of the Knights Kids program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

Personal Information about child: Please "X" by any of the following health concerns that apply to your child:

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Asthma/Inhalers | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other, please list _____ |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Bladder/Bowel Problems | <input type="checkbox"/> Hearing or Vision Problems | _____ |
| <input type="checkbox"/> Allergies* | <input type="checkbox"/> Bloody Noses | <input type="checkbox"/> Seizures | _____ |

***Allergy Information Form needs to be completed.**

Special interests or favorite activities of your child: _____

Any additional information: _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____