

# Knights Kids COVID Hybrid and Distant Learning Contract

## 2020 - 2021



Knights Kids will be open for Hybrid / Distant Learning from **8:00 a.m. - 3:00 p.m.** for children in Kindergarten – 12 years of age. Accommodations will be made for students arriving/departing via school transportation on hybrid days, contact Coordinator at 507-789-7028. Daily fee for this service is \$32.00.

Knights Kids is available during Hybrid / Distant Learning for Before and After School care for children in Kindergarten – grade 5. A Knights Kids School Age Care Contract needs to be completed and on file at Knights Kids. Fees for this service are listed on the Contract.

Please read the policies specific to each program:

**Hybrid / Distant Learning for Kindergarten – 12 years of age:** If your child is in Kindergarten through age 12 and you need care for your child during Hybrid / Distant Learning, complete the information in the box below indicating the type of service you need for care and complete the Permission & Release and Health History information on the reverse side of this form. Hours are 8:00 am – 3:00 pm and the daily fee for this service is \$32.00. **No charges for children of eligible Tier 1 employees per Governors Order 20-82. To obtain free care, documents for Tier 1 employee needs to be on file with this contract.**

**Hybrid / Distant Learning for Kindergarten – grade 5 with Before and After School options:** If your child is in Kindergarten through grade 5 and you need care for your child at the Knights Kids before and after school program, turn in a completed Knights Kids School Age Care Contract and registration fee. Complete the information in the box below indicating the type of service you need for care. Fees are listed on the Knights Kids School Age Care Contract.

- Staffing is set based on pre-registration. Registrations will **NOT** be accepted on the same day care is needed.
- Inclement Weather Care is registered for separately and is not included during Hybrid and Distant Learning days.
- Program Questions: Kay Benzick, Knights Kids Coordinator 507-789-7028 [kbenzick@kw.k12.mn.us](mailto:kbenzick@kw.k12.mn.us)  
Amy Belcher, Community Education Director 507-789-7015 [abelcher@kw.k12.mn.us](mailto:abelcher@kw.k12.mn.us)

**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 understand that I will be billed for the service selected below whether my child attends or not.

**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 does not, I will be charged my child's rate for that day.

**Initials**\_\_\_\_\_ Knights Kids closes at 6:00 pm for those that are contracted for the before and after school care.

Knights Kids closes at 3:00 pm for Hybrid / Distant Learning care only.

A fee of \$1 for every minute after Knights Kids closes will be assessed for late pickup. **Three (3) warnings** within a one-year period will result in dismissal from the Knights Kids Program.

**Child's Name:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Male**  **Female**

**Teachers Name:** \_\_\_\_\_ **Grade:** K 1 2 3 4 5 6 7

**SELECT THE OPTION BELOW BY INITIALLING ON THE LINE PROVIDED NEXT TO THE SERVICE NEEDED. Families will have the flexibility to change options at the end of each quarter by submitting an updated Contract.**

**Initials**\_\_\_\_\_ **Hybrid Learning for Kindergarten – 12 years of age**  
• Daily Fee \$32 per day      Kenyon       Wanamingo

**Initials**\_\_\_\_\_ **Distant Learning for Kindergarten – 12 years of age**  
• Daily Fee \$32 per day      Kenyon       Wanamingo

**Initials**\_\_\_\_\_ **Hybrid Learning for Kindergarten – grade 5 with Before and After School option**  
• Daily Fee \$32 per day      Kenyon       Wanamingo   
• Before school and after school fees listed on Knights Kids School Age Contract

**Initials**\_\_\_\_\_ **Distant Learning for Kindergarten – grade 5 with Before and After School option**  
• Daily Fee \$32 per day      Kenyon       Wanamingo   
• Before school and after school fees listed on Knights Kids School Age Contract

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

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

Date \_\_\_\_\_

# KNIGHTS KIDS COVID PERMISSION & RELEASE and HEALTH INFORMATION

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 (\_\_\_\_\_) \_\_\_\_\_

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

**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 \_\_\_\_\_

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** \_\_\_\_\_ **Transportation:** I give my consent to Knights Kids to transport my child in a school issued vehicle to activities.

**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:** Current Immunization Form for your child submitted with this contract or on file with KW School Nurse 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 \_\_\_\_\_