

Child Enrollment

Enrollment Date _____

Child's Name		
Date of Birth	Current Age	School Attends
Child lives with [] Both Parents []Mother has custody]Step Mom []Step Dad []Guardian
Are all of your child's immunize Parents must provide a copy if comp	•	uth Dakota? YES NO ota and/or military prior to their first day.
Parent/Guardian #1 (Who to ca	Ill 1st in an emergency)	
Name		
Address		
Cell Phone	Email	
Employer	Work Phone	9
Marital Status [] Married [] S	ingle [] Divorced []	Widowed [] Other
Parent/Guardian #2		
Name		
Address		
Cell Phone	Email	
Employer	Work Phone	9
Marital Status [] Married [] S	ingle [] Divorced []	Widowed [] Other
•		listed above. They must be within a 30 minutes le to reach any of the above numbers.
Name	Relc	ation to Child
Phone #1	#2	
Name	Relc	ation to Child
Phone #1	#2	

Child's Name	
List any allergies	
List any existing medical con	ditions, medications, and/or special attention your child requires.
	ny developmental delays with your child?
Has your child had a negativ	e experience at a previous daycare?
Do you anticipate any adjust	ment issues?
	es and/or routines we need to be aware?
How does your child express	anger or frustration?
Does your child have any spe	ecial fears?
Does you child have any cor	nforting techniques when upset?
What hobbies/activities does	your child enjoy?
What would you like us to kno	ow about your child?
Please list all allowed to pick	up your child without notice.
1)	2)
3)	4)
5)	6)
7)	8)

Field Trips

I give permission for my child to attend all off-campus field trips. These field trips are communicated to parents prior, they could include but not limited to:

- Parks Museums
- Gyms •
- Schools Swimming Pools
- Sledding Ice Skating •
- Roller Skating Farms •
- Zoo Amusement Parks

Parent Signature _____

Transportation Authorization

I give permission for my child to be transported in a vehicle or bus by Kids Club.

Movies

Parent Signature

Inconvenience Fee (School Year)

I understand there is an Inconvenience Fee that will be assessed on days that my child does not need to be picked up after school and I fail to communicate to daycare that my child will not attend that day. I also understand that it needs to be communicated to daycare via Procare so it is in writing. The rates increase with the frequency and are indicated on your signed contract.

Parent Signature

Photos

Photos of my children may be used on our Facebook page which is open to the public.

Parent Signature _____ Date _____

Emergency Treatment

I hereby give permission for my children to be given emergency treatment by an employee of Kids Club and by a treating physician/emergency room. I also give permission for my child to be transported by vehicle or ambulance to an emergency center for treatment and agree to hold harmless Kids Club and it's employees.

Parent Signature _____ Date _____





This contract is between_

who is/are the parents/guardians of the following children

2.	3.

And Kids Club 800 E Ryan Drive, Tea, SD 57064

Rates:

1.

Enrollment Fee Per Family School Age School Year Weekly Rate (2024 - 2025) Daily Drop-In Sick Child Pick Up Late Fee After 1 Hour Late Pick-Up Fees Insufficient Fund Fee Inconvenience Fee Summer Programming Fee Going into kindergarten and up \$ 40/family
\$ 120*
\$ 30 (School year) \$45 (No School Days Summer)
\$ 20/every twenty minute
\$ 3/minute Each minute until the family exits the building
\$ 35/Each
\$ 35/Each
\$ 20 1st time, \$25 2nd time, \$30 3rd and each reoccurring time
\$ 125 due upon summer enrollment billed annually for all participants
\$ 240 going into kindergarten

* \$7 each day attending no school days Dec 23 2024 thru Jan 2025, and February 24 - 28, 2025, Other non-school days are included in weekly tuition.

Tea Outdoor Season Pool Pass or WWW passes are required and must be paid prior to our 1st day of summer program.

I have received and read a copy of the Parent Handbook and agree to the information and policies. I understand and agree to the rate structure above and that it will be paid via Procare weekly from the account I provide. I also understand there is minimally one annual rate increase.

I understand a two weeks notice must be provided to end this contract regardless if my child attends or not.

Parent Signature	Date
Parent Signature	Date
Kids Club Representative	Date



2024 - 2025 School Year

Child's Name_

School starts on Tuesday August 20th.

	August 2024					
SU	Μ	Т	W	Т	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

_____ My child will attend Kids Club this school year. The school they attend is: Legacy Venture Frontier

They normally will attend (please circle the appropriate)AM ONLYPM ONLYBOTH AM & PM

The first day Kids Club will provide transportation before school is ______

The first day Kids Club will provide transportation after school will be ______

School Year

Rate all ages \$120/week

This includes AM, PM, all non-school days, early release and late starts with the exception of: December 23 - January 3, and February 24 - 28. There will be a \$7/day charge for attending no school days during these two breaks.

I understand the importance of the Inconvenience Fee. Parents are required to communicate to Kids Club via Procare any days Kids Club if not required to pick up your child any afternoon. Parents will be billed once we have to make a call to find your child after school.

We will bill your account \$20 for the first occurrence, \$25 for the second and \$30 for the third and every time thereafter.



1st Day of School Early Release No School Early Release No School No School CLOSED CLOSED Early Release No School

CLOSED CLOSED No School No School No School No School CLOSED No School No School No School No School Early Release Early Release Early Release No School No School

Director: Mary Konvalin Mary@kidscluboftea.com

Reminder: We must be notified if we are not responsible to pick up your child after school. We recommend all communication go through Procare so we have proof that you sent the message. We will bill parents the Inconvenience Fee for failing to send a message. Parents will be billed once we have to send a phone call to find a child. Before we call, we will check messages one final time. 1st time - \$20, 2nd time, \$25, 3rd Time - \$30

Tea School District No School Days 2024 - 2025

August						
Μ	M T w TH					
			1	2		
5	6	7	8	9		
12	13	14	15	16		
19	20	21	22	23		
26	27	28	29	Failure		

September F Μ Т W TH 3 4 5 6 9 10 11 12 13 16 17 18 19 20 23 24 25 26 27 30

October					
Μ	Т	w	ΤH	F	
	1	2	3	4	
7	8	9	10	Early Release	
14	15	16	17	18	
21	22	23	24	25	
28	29	30	31		

November					
M T w TH F					
				1	
4	5	6	7	8	
11	12	13	14	15	
18	19	20	21	22	
25	26	27			

December					
Μ	Т	w	ΤH	F	
2	3	4	5	6	
9	10	11	12	13	
16	17	18	19	Early Release	
23			26	27	
30	31				

January					
Μ	Т	w	TH	F	
			2	3	
6	7	8	9	10	
13	14	15	16	17	
20	21	22	23	24	
27	28	29	30	31	

February					
Μ	Т	w	ΤH	F	
3	4	5	6	7	
10	11	12	13	14	
17	18	19	20	21	
24	25	26	27	28	

March								
Μ	Т	w	ΤH	F				
3	4	5	6	7				
10	11	12	13	Early Release				
17	18	19	20	21				
24	25	26	27	Farlyse				
31								

April							
Μ	Т	w	TH	F			
	1	2	3	4			
7	8	9	10	11			
14	15	16	Early Release	18			
21	22	23	24	25			
2	29	30					

Мау								
Μ	Т	w	TH	F				
			1	2				
5	6	7	8	9				
12	13	14	15	16				
19	Early Release	21	22	23				
26	27	28	29	30				

Non School Day field trips are billed on Procare.