



**Before & After School KidsCare Program
2024-2025 School Year Consolidated @ Springfield Elementary**

Dear Parents,

We are excited you are considering joining us for our Before & After School Program. Enrollment will continue to be accepted until the program is full. We offer several options for participating in our program and we believe one of them will fit each of our families.

Enrollment Options

<p><u>Before & After School</u></p> <ul style="list-style-type: none"> • Students can attend daily 6:30AM to the start of school (including late starts on Monday) and after school until 6:00PM (including early dismissal days). • Yearly tuition is \$2880 broken into 18 bi-weekly payments of \$160. • A 15% discount will be given to families with more than one child enrolled full time. • \$35/\$20 enrollment fee per family. 	<p><u>Drop In</u></p> <ul style="list-style-type: none"> • Students attending will be charged only for the times they attend. • Students attending before school \$22. • Students attending after school \$25. • \$35/\$20 enrollment fee per family.
<p><u>Before School</u></p> <ul style="list-style-type: none"> • Students can attend daily 6:30AM to the start of school (including late starts on Monday). • Yearly tuition is \$1836 broken into 18 bi-weekly payments of \$102. • \$35/\$20 enrollment fee per family. 	<p><u>After School</u></p> <ul style="list-style-type: none"> • Students can attend daily after school until 6:00PM (including early dismissal days). • Yearly tuition is \$2250 broken into 18 bi-weekly payments of \$125. • \$35/\$20 enrollment fee per family.
<p><u>Non School Days (min. of 10 children enrolled)</u></p> <ul style="list-style-type: none"> • Students can attend 7:00AM - 5:00PM • \$45/child per day • \$35/\$20 enrollment fee per family. 	

To enroll in the KidsCare program we will need you to complete the following items:

- Enrollment Forms
- Immunization Forms
- Handbook Form
- DHHS Parent Information Form
- Tuition Express Authorization Form
- Enrollment Fee of \$35 for new families, \$20 for current families



**SPF KidsCare Enrollment 2024-2025
Consolidated @ Springfield Elementary School**

DUE TO STATE REGULATIONS ALL INFORMATION ON THIS FORM MUST BE COMPLETED PRIOR TO ATTENDING

Children enrolling:

Gender

_____	Birth Date _____	Grade _____	___M ___F
_____	Birth Date _____	Grade _____	___M ___F
_____	Birth Date _____	Grade _____	___M ___F

Springfield Student _____
(Springfield)

Westmont Student _____ (will be transported by bus to/from Springfield)

***CUSTODIAL PARENT CONTACT INFORMATION:**

Name: _____	Employer: _____
Address: _____	Address: _____
City, Zip: _____	City, Zip: _____
Home Phone: _____	Work Phone: _____
Email: _____ <small>(preferred email to receive KIDS CARE communications)</small>	Cell Phone: _____

Marital Status: ___ Married ___ Single ___ Divorced Other _____

Mark All that Apply ___ Child Lives With ___ Emergency Contact ___ Authorized Pick Up

***PARENT 2 CONTACT INFORMATION:**

Name: _____	Employer: _____
Address: _____	Address: _____

City, Zip: _____ City, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

(preferred email to receive KIDS CARE communications)

Marital Status: ___ Married ___ Single ___ Divorced Other _____

Mark All that Apply ___ Child Lives With ___ Emergency Contact ___ Authorized Pick Up

Authorized Pickup Persons and Emergency Contacts OTHER THAN THE PARENTS/GUARDIANS (At least one person MUST be authorized as an emergency contact when the parent cannot be reached):

Name: _____ Relationship to Child: _____

Phone: Home: _____ Cell: _____ Work: _____

Mark All that Apply: ___ Child Lives With ___ Emergency Contact ___ Authorized Pickup

Not Authorized to pick up the following children:

Name: _____ Relationship to Child: _____

Phone: Home: _____ Cell: _____ Work: _____

Mark All that Apply: ___ Child Lives With ___ Emergency Contact ___ Authorized Pickup

Not Authorized to pick up the following children:

Name: _____ Relationship to Child: _____

Phone: Home: _____ Cell: _____ Work: _____

Mark All that Apply: ___ Child Lives With ___ Emergency Contact ___ Authorized Pickup

Not Authorized to pick up the following children:

Consent to contact Physician in an emergency

In the event I cannot be reached to make arrangements, I hereby give my consent to SPCS Foundation Kids Care to contact Doctor

_____ at (phone#) _____ and, if necessary, call 911 and/or take my child to the nearest hospital.

Parent/Guardian Signature _____

Medication Competency Statement

I, _____ have determined SPCS Foundation Kids Care and the Site Director competent to give or apply medication to my child(ren). I understand that all medication must be in the original container with the child's name, type of medication, date/time of dosage, & amount to be administered. Over the counter medication will only be allowed with a written doctor's recommendation.

Parent/Guardian Signature _____

Child(ren) Medical Information: (if none, write none)

Child(ren) Medical Information: (if none, write none)

Any health problems that we should know: _____

Factors that may lead to a Medical Reaction: Allergies, Food Intolerance, Insect Bites or Stings etc.:

Instructions in the event of exposure above: _____

Any activity child(ren) should NOT engage in: _____

Any other medical concerns: _____

Any behavior disorders: _____

****Please note that SPCS Foundation Kids Care is unable to accommodate one on one care. If a child's behavior requires a specialized care plan during the school day we will ask to have a meeting with the parents/guardians to determine acceptance into the program. SPCS Foundation Kids Care staff has the right to reject or dismiss any student whose behavior is unacceptable in the program.**

Permission Release

Off-site supervision permission

I give permission for my child to participate in supervised activities away from the site. This includes permission to be transported to activities by bus or vans. I understand that I will be notified in advance of activities that are away from the site. I agree to hold SPCS Foundation Kids Care and its employees harmless from any and all claims whatsoever for injuries/damage to child(ren) and/or property that may result from these activities.

I understand that SPCS Foundation Kids Care staff is in attendance for field trips and if I do not want my child to participate in the activity, I will provide alternative care for my child. I also understand that if my child is disrespectful or refuses to abide by the rules, I will be contacted and asked to remove my child for the remainder of the day.

Parent/Guardian Initial_____

Transportation Permission

I give permission for SPCS Foundation Kids Care to transport or arrange for transportation of my child(ren). This includes permission to be transported to activities by bus or vans.

Parent/Guardian Initial_____

Photo Permission

I give permission for my child(ren) to be photographed/filmed participating in activities at SPCS Foundation Kids Care. I consent to the use of my child(ren)'s photograph and artwork in promotion and publicity materials & social media published by SPCS Foundation Kids Care.

Parent/Guardian Initial_____

I decline permission for my child(ren) to be used in any promotion materials & social media. _____ (initial)

Enrollment Information

Choose only one option per child.

___ Full Time Attendance (AM & PM)

___ Part Time Attendance

___ AM only ___ PM only

___ Drop-In (attends intermittently if space is available)

___ Non-School Days only

Payment Information

Who is responsible for tuition payments? _____

Is your child eligible for Title XX ___ Yes ___ No

SPCS Schools Employee? ___ Yes ___ No

If tuition is split between two parties what is the percentage split:

Enrollment Fee: (*\$35 for new families and \$20 for current families*)

Total Cost: \$ _____ Check number _____

Please mail registration form and deposit to:

Springfield Platteview Education Foundation
Attn: KidsCare Program
765 Main Street
Springfield, NE 68059

All registrations are date stamped and children will be placed in the program in order of receipt.

Parent/Guardian Signature _____ Date: _____

PLEASE NOTE, YOU WILL ALSO NEED TO COMPLETE ADDITIONAL FORMS ONCE YOUR STUDENT HAS BEEN ACCEPTED INTO THE PROGRAM.

Office:
Received: _____
Entered in Accounting System: _____
Paid by Check# _____

IMMUNIZATION RECORD

Child(s) Name: _____

Birthdate(s): _____

Enrollment Date: _____

REQUIRED IMMUNIZATIONS

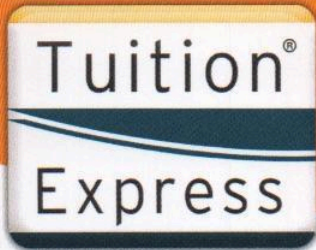
Vaccine	Type of Vaccine	Dose	Normal Schedule	Date Given			Doctor or Clinic Administering
				Mo	Day	Yr	
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6 - 18 mo.				
		4	4 - 6 yrs.				
DTP/DT/DTaP Diphtheria Tetanus Pertussis		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	15 - 18 mo.				
		5	4 - 6 yrs.				
Tdap		1	11 - 18 yrs.				
Td/Tetanus and Diphtheria							
Hib Haemophilus influenzae b		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12 - 15 mo.				
M-M-R		1	12 - 15 mo.				
		2					
Hepatitis A		1					
		2					
Hepatitis B		1					
		2					
		3					
Varicella Chickenpox date of disease		1	12 - 18 mo.				
		2					
Meningococcal Conjugate		1					
PCV Pneumococcal Conjugate		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12 - 15 mo.				
Rotavirus		1	2 mo.				
		2	4 mo.				
		3	6 mo.				

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

I do not wish to have (child's name) _____ immunized. The reason for the decision is: _____

Signature of Parent/Guardian: _____ Date: _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) **SPCS Foundation KidsCare** to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

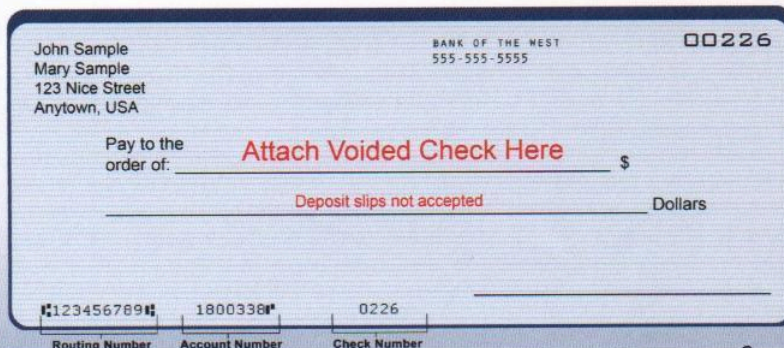
Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name		Phone #	
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		

For Official Use Only

Date Received
Employee Signature



A service of



procure
SOFTWARE®



Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:

<http://dhhs.ne.gov/publichealth/pages/crlChildCareLicensingIndex.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

**Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.**



Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



Family Child Care Home I
Family Child Care Home II
Preschool
Child Care Center
School-Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**

2024-2025 School Year Parent Handbook Acknowledgement & Payment Agreement

Name of Children: _____

Program	Annual Amount	Deduction Amount
Before School Only	\$1836	\$102
After School Only	\$2250	\$125
Before & After School	\$2880*	\$160*
Drop-In/Daily Rate - AM	\$22	
Drop-In/Daily Rate - PM	\$25	
Full day care during school year	\$45	
Enrollment Fee	\$35/\$20	

*15% discount will be given to families with more than one child enrolled full time.

**Subsidized Child Care Families – Please just sign that you received the Handbook below.

During the School year tuition is deducted on the 2nd & 4th Friday of each month during the school year.

I have read and understand the KidsCare Parent Handbook and agree to pay the scheduled tuition as outlined. I will also provide KidsCare with a completed Tuition Express form at the time of registration.

Name of parent/guardian _____

Parent/guardian signature _____

Date _____



**Springfield Platteview Education Foundation
KidsCare Program
Pre-Registration Snow Days
Operating Hours: 7:00am-5:00pm**

I will have ____ children participating in the all day program on Snow Days.

Name of Children participating: _____

I understand:

- A Fee of \$45/child per day will be charged to your KidsCare account regardless of attendance.

The fee is non-refundable.

- Students will need to provide lunch for themselves. At a minimum this lunch must include meat, vegetable and fruit as per DHHS regulations. We are not able to heat up lunches.

- KidsCare will provide a morning and afternoon snack.

- This service is filled on a first come first served basis and spots are limited.

Parent Signature _____

Form Received On: _____

Amount charged to KidsCare Program Account \$ _____