



## KidsCare Summer Program 2024

Dear Parents,

We are excited you are considering joining us for our Summer KidsCare program. We will begin accepting enrollment forms on March 1st, 2024. The 2024 summer program enrollment will remain open until the program is full.

Our Summer Program will be open May 28th - August 6th 2024.

Operating hours : Mon - Fri 7:00AM - 5:00PM The program will be closed July 4th & July 5th, 2024 in observance of Independence Day along with August 7th, 2024-August 13, 2024.

Each of our weeks will include a field trip and time at the Splash Pad on various days. We will have FUN planned for our field trips this summer. Confirmation of field trips will be communicated soon.

Past field trips included:

- Bowling
- Henry Doorly Zoo
- Papio Fun Park
- Durham Museum
- Movie Theater
- Lincoln Children's Museum
- Schramm Park
- Kiewit Luminarium

In addition, we plan to visit the Springfield Library for book check out and participate in their summer activity schedule. All of these activities scheduled will be sure to keep your child engaged and active all summer!

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

- Enrollment Forms
- Immunization Form
- DHHS Parent Information Form
- Handbook Form
- Enrollment/Activity Fee (\$50 for 1st child, \$25 for each add child)  
\*\*\*\*Please note the immunization form, DHHS Parent Info form only need to be resubmitted if child/ren have updates\*\*\*\*

Let's Have Some Fun!

***KidsCare Team***



## **KidsCare SUMMER PROGRAM 2024 Enrollment Options**

### **Full Time**

Monday - Friday  
7:00am - 5:00pm

\$155.00 per week/10 weeks for the 1st child  
\$150.00 per week/10 weeks for each additional child

### **Part Time**

Monday - Friday  
7:00am - 5:00pm

3 days/week minimum (same days/week)  
\$45 per child/per day

### **Summer Enrollment Fee:**

\$50 for the 1st child & \$25 for each additional child



## Payment Schedule

Payment Date	First Child	Second Child
<b>May 31</b>	\$155.00	\$150.00
<b>June 7</b>	\$155.00	\$150.00
<b>June 14</b>	\$155.00	\$150.00
<b>June 21</b>	\$155.00	\$150.00
<b>June 28</b>	\$155.00	\$150.00
<b>July 3</b>	\$93.00	\$90.00
<b>July 12</b>	\$155.00	\$150.00
<b>July 19</b>	\$155.00	\$150.00
<b>July 26</b>	\$155.00	\$150.00
<b>August 2</b>	\$155.00	\$150.00
<b>August 9</b>	\$62.00	\$60.00



## SPF KidsCare Enrollment Summer 2024

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

**Children enrolling:**

**T-Shirt Size:**

	Birth Date _____	Grade _____	
	Birth Date _____	Grade _____	
	Birth Date _____	Grade _____	

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

**Off-Site Sports & Educational Camps**

I give permission for my child to leave the site premises to participate in sports and/or education camps. I understand that these programs are not associated with SPCS Foundation KidsCare, and that KidsCare is not responsible for supervision of my child(ren) in activities outside of the site premises or outside the supervision of site staff.

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\_\_\_\_\_

**Off-Site Splash Pad**

I give permission for my child to leave the site premises for use of the Springfield Splash pad under the supervision of KidsCare staff.

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)

**Sunscreen Permission**

I agree to provide sunscreen for my child's use during the summer program. Children are given the opportunity to apply sunscreen but if deemed necessary, I give SPCS Foundation KidsCare staff permission to apply sunscreen to my child.

Parent/Guardian Initial\_\_\_\_\_

\_\_\_\_I will supply sunscreen for my child/ren.

**Enrollment Information**

Choose only one option per child.

KidsCare will be open May 28th – August 6th, 2024. The program will be closed July 3rd & 4th, 2024 in observance of Independence Day as well as August 7th-August 13th, 2024.

Full Time Attendance ( AM & PM): \_\_\_\_\_ \$155.00/week per child, \$150.00/week for siblings

Part Time Attendance (minimum **SAME** 3 days/week): \_\_\_\_\_ \$45 per child/per day

**Choose days:** Mon\_\_\_\_ Tue\_\_\_\_ Wed\_\_\_\_ Thu\_\_\_\_ Fri\_\_\_\_

## 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:** (*\$50 for the first child and \$25 for each additional child*)

Total Cost: \$\_\_\_\_\_      Check number \_\_\_\_\_

Planned Summer Vacation or Parent Visitation Dates: \_\_\_\_\_

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.**

<b>Office:</b>
<b>Received:</b> _____
<b>Entered in Accounting System:</b> _____
<b>Paid by Check#</b> _____



**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.

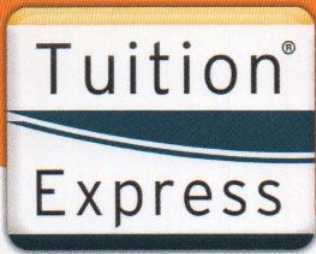
Signature of Parent/Guardian: \_\_\_\_\_

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)

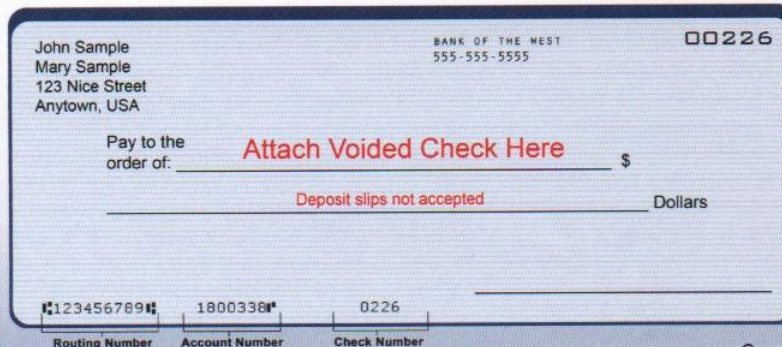
Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### 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



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SOFTWARE®

## 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.

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



## 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](mailto: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

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**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: \_\_\_\_\_

# Parent Handbook Acknowledgement & Payment Agreement

Name of Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program	Annual Amount	Deduction Amount
Enrollment Fee	\$50/\$25	
Summer Full Time (1st Child)		\$155.00/weekly
Summer Full Time (each add child)		\$150.00/weekly
Summer Part Time Full Days (choose SAME 3 days)	\$45.00/day	\$135.00/week

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

During the summer tuition is deducted each Friday.

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 \_\_\_\_\_