

Grade: \_\_\_\_\_

**Berkley Summer Kid Care Registration**

Gender: **M / F**

**Summer 2017**

**Please Print Legibly**

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle MM DD YYYY

Residence Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(If different than residence)

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Unlisted: \_\_\_\_\_

**At which telephone number would you like to be contacted if your child needs you? ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_**  
**(This phone number MUST be a phone number for Contact 1 or Contact 2 listed below.)**

Contact 1 Must be Parent or Guardian	<u>Contact 1</u> Parent/Guardian	<u>Contact 2</u>	<u>Contact 3</u>	<u>Contact 4</u>
Relation to Student: -Circle One-	Mother      Father Guardian	Mother      Father Guardian	Mother      Father Guardian	Mother      Father Guardian
	Other: _____	Other: _____	Other: _____	Other: _____
First Name:				
Last Name:				
Home Phone:				
Cell Phone:				
Work Phone:				
Perferred Number to Call -Circle One-	Home   Cell   Work	Home   Cell   Work	Home   Cell   Work	Home   Cell   Work
Email:				
Notify in Emergency?	Y or N	Y or N	Y or N	Y or N
Pick-Up Allowed?	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed At School?	Y or N	Y or N	Y or N	Y or N

Brother(s)/Sister(s) also attending Berkley's Summer Kid Care:  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parental Consent**

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the adults **listed above whom I have designated to notify in an emergency**. In the event the emergency contacts cannot be reached, the school may make whatever arrangements are necessary to provide care and treatment for my child. **When necessary, and in the event that I or any of the emergency contacts cannot be reached, school personnel have my permission to request transport of my child to the nearest emergency room.** Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I understand and agree that I will be responsible for any emergency medical services fees.

In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/she is unable to remain at school, I request the school to contact me to pick up my child. If the school is unable to contact me, **I understand that one of the adults listed above whom I have designated to notify in an emergency and who are also designated to pick up my child will be contacted. I understand that it is my responsibility to notify my child's school of any changes in the information recorded on this form and to provide the school with information if there are any custody restrictions involving my child.**

*I certify that the information provided on this Emergency and Contact Information Form is accurate, true, and correct.*

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Relationship to Student

Should your child be restricted from any activities? Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have food or medication allergies? Yes No If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments or other health information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have Medicaid? Yes No Doctor's name: \_\_\_\_\_ Ph# \_\_\_\_\_

**Medication Policy: We do not give any kind of medication.** If your child needs medication, you will have to make arrangements to give the medication during your lunch hour, before or after kid care. This includes breathing treatments.

**Kid care schedule:** Monday – Friday 7AM - 6PM  
**June 5 – July 28**  
July 4th in honor of Independence Day - Closed  
August 10 – First Day of School



**Cost:** \$75 per week  
\$20 per day

**Meals:** Students are required to bring their own breakfast, lunch, and/or snacks.

**Receipts:** We are glad to provide receipts at the time of payment, however we will not back date receipts.

**Discipline Policy:** At the discretion of Berkley Charter School’s administration and after reasonable efforts on the part of the program staff to integrate a child into the program, a child’s participation may be terminated if that child is deemed chronically disruptive to the functioning of the program and/or does not follow Berkley’s Code of Conduct.

### Fee Agreement

Please read the following carefully:

- No credits or refunds will be given for absences regardless of reason.
- Fees are always due in full.
- Payments are due on Friday of each week.
- If your account has not been paid in full by Monday, for the previous week, your child will not be able to return until your account is paid in full.
- Please print your child’s name and dates of childcare on your payment.
- A late pick-up charge of \$1 per minute, per child, is assessed if your child is not picked up by 6pm.
- There is a returned check charge of \$25-\$35. Only a certified check or money order will be accepted for a prompt repayment.
- After the 2<sup>nd</sup> returned check only cash or money orders will be accepted.
- It is the parent’s responsibility to keep up with receipts as Kid Care does not do end-of-year statements.
- It is your responsibility to remember payment dates because Kid care does not send out billing statements.
- Make checks payable to Berkley Charter School.

I have read this agreement and I will comply with these policies and procedures:

\_\_\_\_\_  
Date

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