

Grade: _____

Gender: M / F

Berkley Kid Care Registration Form K-5

Please Print Legibly

Student: _____ Birth Date: _____ / _____ / _____
Last First Middle MM DD YYYY

Residence Address: _____
Street City Zip

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

Phone Number: (_____) _____ - _____ 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:				
Preferred 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 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: School Days Only - Monday – Friday

After School Only – 3:00PM – 5:30PM & Early Release Days 12:30PM-5:30PM

August 6, 2026 – May 24, 2027

Cost: \$80 per week (when school is in session)

Meals: An afternoon snack will be provided.

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.

Kid Care Phone Number: (863) 944-8634

Fee Agreement

Please read the following carefully:

- No credits, adjustments, or refunds will be given for absences regardless of reason.
- No adjustments for short weeks (less than 5 days).
- Registration of \$20 is due annually.
- \$80 per week is due each Monday (if no school on Monday, then payment is due Tuesday).
- Fees are always due in full
- A \$15 late fee will be added to any account not paid by Tuesday, 5:30pm of each week.
- If your account has not been paid in full, including late fees, by Thursday of the next week 5:30pm, your child will be withdrawn from the program for non-payment. Your child will not be able to return until your account is paid in full and we have an opening (enrollment is limited).
- Please print your child’s name and dates of childcare on your payment. Payments are to be given directly to the Kid Care staff at pick up or drop off.
- A late pick-up charge of \$1 per minute, per child, is assessed if your child is not picked up by 5:30pm. If this happens more than one time, your student may be withdrawn from the program.
- 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 2nd 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 provide end-of-year statements.
- It is your responsibility to remember payment dates, Kid care does not send out billing statements.
- Make checks payable to Berkley Charter School.
- Your child’s kid care account must be kept current to be eligible to continue participation.

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

_____ Date

_____ Parent/Guardian Signature