

For Office Use Only: SAC Site _____ Program: _____ Start Date: _____
 _____ Confirmation / Site / School / Enrollment / Computer / File

Kids Central A.S.P.I.R.E. School Age Care SUMMER 2009 Before and After School Care

Kids Central ASPIRE will operate with before school and after school care Monday through Thursday with all day care on May 28, 29, June 1 and Fridays. Care will be available from 6:00 AM to 6:30 PM. Our summer program will provide activities for the children including games, sports, dramatic play, arts and crafts, and much more. Simply fill out the following information and return it to your child's school along with the Belton School District Summer School enrollment forms. Kids Central ASPIRE will provide care at all summer school locations for students entering kindergarten through sixth grade. All fees are subject to change with written notice.

All outstanding Kids Central ASPIRE and Grace ECCE account balances must be paid in full in order to participate in our summer program.
 If you have any questions, please contact our office at 816-348-1514.

Child's Name _____

School child will be attending during the summer _____ Grade (Fall 2009) _____ Date of Birth _____ Sex: M / F

Primary Parent/Guardian _____ Address _____ City _____ State _____ Zip Code _____ Home # _____ Other # _____ Employer _____ Work # _____ Email _____	Primary Parent/Guardian _____ Address _____ City _____ State _____ Zip Code _____ Home # _____ Other # _____ Employer _____ Work # _____ Email _____
---	---

PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE PROGRAM & TO BE CALLED IN AN EMERGENCY (*other than Parent/Guardian*)

Name _____ Relationship to Child _____ Home # _____ Work # _____ Other # _____	Name _____ Relationship to Child _____ Home # _____ Work # _____ Other # _____	Name _____ Relationship to Child _____ Home # _____ Work # _____ Other # _____
---	---	---

CONTINUED ON PAGE 2

Child's Name: _____

MEDICAL INFORMATION: Doctor's Name _____ Phone # _____

Allergies or Chronic Conditions (please include any food allergies): _____

Medical History: Does your child have a history of or has ever had any of the following:

Asthma	Yes	No	Excessive Bleeding	Yes	No	If you answered Yes to any of these, please specify _____
Diabetes	Yes	No	Seizures or Epilepsy	Yes	No	
Kidney Trouble	Yes	No	Allergic Reaction To:	_____		
Rheumatic Fever	Yes	No	Penicillin	Yes	No	
Heart Trouble	Yes	No	Novocain	Yes	No	Is your child receiving any medication now? If so, what _____
Anemia	Yes	No	Anesthetics	Yes	No	

Does your child have an I.E.P. or Discipline plan or other concern? Yes / No If yes, please be specific _____

This section is for your child's enrollment in Kids Central ASPIRE summer program. Tuition fees will be charged in accordance with this information. Fees must be paid in full regardless of the number of days attended. Children will not be allowed to attend any following session(s) if your account is not paid in full (please see parent handbook for payment schedule). There is a \$10 non-refundable registration fee per family.

_____ Session 1 @ \$350	_____ Session 2 @ \$288	_____ Post-Session A @ \$125	_____ Post-Session B @ \$125
May 28 - June 26	June 29 - July 24	July 27 - July 31	August 3 - Aug 7

My child will arrive to school by: _____ Bus _____ Parent drop off for school _____ Will attend Kids Central ASPIRE before school

After school my child will: _____ Go to Kids Central ASPIRE _____ Ride the bus home _____ I will pick my child up from school (no after-school care)

All Day Care Only (Includes cost of field trips)

_____ Session 1 @ \$175 (May 28, 29, June 1, 5, 12, 19 & 26) _____ Session 2 @ \$140 (July 3, 10, 17 & 24)

KIDS CENTRAL ASPIRE SUMMER SCHOOL AGE CARE WILL BE CLOSED AUGUST 10th THROUGH AUGUST 17th

Does your child receive Missouri Childcare Subsidy Assistance? Yes / No If yes, my Case Worker is _____

We require authorization from Family Services before your child may attend.

Please initial the following:

_____ **PG Movie Permission:** I give permission for my child to watch PG rated movies during Kids Central ASPIRE.

_____ **Media Release:** I give permission for the name and likeness (photo/video) of my child to be used by Kids Central for advertising & training purposes.

I understand I will be notified in case of accident or illness of my child and I will make arrangements for medical care with the physician or hospital of my choice. In case of serious/life threatening emergency, the Belton School District reserves the right to call an ambulance and transport your child to Belton Research Hospital. The Parent/Guardian will be financially responsible for charges incurred. At no time will a staff member drive your child unless accompanied by another adult. I certify my child is in good health and free of disabilities that would endanger him/her or other children in the program. I have read and understand all of the above information. If I have any questions or concerns, I will notify the Kids Central ASPIRE Coordinator at 816-348-1514.

Parent/Guardian Signature _____ **Date** _____