



## Summer KidsCare Program

Dear Parents

We are excited you are considering joining us for our Summer KidsCare program. We will begin accepting enrollment forms on February 15th and will continue until the program is full.

Each of our weeks will include a field trip on Thursday and time at the Splash Pad on Mondays and Fridays. Some of our field trips this summer include:

- Omaha Zoo
- National Guard Training Center
- Memorial Stadium
- Bowling
- Mahoney State Park Activity Center
- UNO Planetarium
- Swimming
- Omaha Childrens Museum
- Dave & Busters

In addition we have visitors who will share their talents with us such as Rusty Lord, Channel 6 Meteorologist and Country Kickers Line Dancing instructors. Weekly visits to the Springfield Library for book check out and participating 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 addl child)

Let's Have Some Fun!

*KidsCare Staff*



## Payment Schedule

| Payment Date | First Child | Second Child |
|--------------|-------------|--------------|
| June 1       | \$84        | \$81         |
| June 8       | \$140       | \$135        |
| June 15      | \$140       | \$135        |
| June 22      | \$140       | \$135        |
| June 29      | \$140       | \$135        |
| July 6       | \$140       | \$135        |
| July 13      | \$140       | \$135        |
| July 20      | \$140       | \$135        |
| July 27      | \$140       | \$135        |
| August 3     | \$140       | \$135        |
| August 10    | \$140       | \$135        |



**Summer 2018  
Application**

## SPCS Foundation KidsCare

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

**Children enrolling:**

**Grade in 17-18      Gender**

|  |           |  |       |  |              |  |
|--|-----------|--|-------|--|--------------|--|
|  | Birthdate |  | Grade |  | T-Shirt Size |  |
|  | Birthdate |  | Grade |  | T-Shirt Size |  |
|  | Birthdate |  | Grade |  | T-Shirt Size |  |

**School attending:**      Springfield Elementary      Westmont Elementary

**\*CUSTODIAL PARENT CONTACT INFORMATION:**

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

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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### **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.

**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: Please Initial each permission statement:**

\_\_\_\_\_ **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.

\_\_\_\_\_ **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 to 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.

\_\_\_\_\_ **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.

\_\_\_\_\_ **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.

\_\_\_\_\_ **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 published by SPCS Foundation Kids Care.

\_\_\_\_\_ **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.

\_\_\_\_\_ Please charge \$20 per child to my account on the 1st billing cycle for summer sunscreen supply.

\_\_\_\_\_ I will supply sunscreen for each of my children (separate containers)

**Enrollment Information** choose only one option per child

Full Time Attendance (\$140 per week, \$135 per week for siblings, field trips included unless otherwise stated)  
Summer session begins Wednesday, May 30 and ends on Friday, August 10 . First billing will occur on June 1st(prorated).

Part Time Attendance (\$35 per day, per child, minimum of 2 days per week)

M            T            W            TH            F

**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, parent handbook acknowledgment form, DHHS form, payment authorization form and deposit to:  
KidsCare Registration  
14801 South 108<sup>th</sup> 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> _____                |

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<br>OPV or<br>IPV                            |                 | 1    | 2 mo.           |            |     |    |                                |
|   |                 | 2    | 4 mo.           |            |     |    |                                |
|   |                 | 3    | 6 - 18 mo.      |            |     |    |                                |
|   |                 | 4    | 4 - 6 yrs.      |            |     |    |                                |
| DTP/DT/DTaP<br>Diphtheria<br>Tetanus<br>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<br>and Diphtheria                      |                 |      |                 |            |     |    |                                |
| Hib<br>Haemophilus<br>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<br>Chickenpox<br>date of disease        |                 | 1    | 12 - 18 mo.     |            |     |    |                                |
|   |                 | 2    |                 |            |     |    |                                |
| Meningococcal<br>Conjugate                        |                 | 1    |                 |            |     |    |                                |
| PCV<br>Pneumococcal<br>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: \_\_\_\_\_



## Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:  
<http://dhhs.ne.gov/publichealth/pages/crChildCareLicensingIndex.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: \_\_\_\_\_



## 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 Handbook Acknowledgement & Payment Agreement

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

| <b>Program</b>                     | <b>Annual Amount</b> | <b>Deduction Amount</b> |
|------------------------------------|----------------------|-------------------------|
| Before School Only                 | \$1345               | \$74.72                 |
| After School Only                  | \$1565               | \$86.94                 |
| Before & After School              | \$2200               | \$122.12                |
| Drop-In/Daily Rate-AM              | \$13                 |                         |
| Drop-In/Daily Rate-PM              | \$17                 |                         |
| Full day care during school year   | \$35                 |                         |
| Enrollment Fee                     | \$20                 |                         |
| Summer Full Time (1st Child)       | \$1484               | \$140/weekly            |
| Summer Full Time (each addl child) | \$1431               | \$135/weekly            |
| Summer Part Time                   | \$700                | \$70/weekly             |

**\*\*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. During the summer tuition is deducted each Friday. The first payment is only for the 1st 3 days.

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 \_\_\_\_\_