

KENTWOOD PUBLIC SCHOOLS
SUMMER SCHOOL-AGE CHILDCARE 2008

The summer childcare will be located at **Townline Elementary, 100 60th St SE**. **Children must be 5 yrs of age by December 1st, 2008 to be eligible. Children Kindergarten age up through having just completed 5th grade are eligible to enroll!** Registration will be on a first-come, first-serve basis, **limited slots available**.

A SCHOOL YEAR **deposit of \$40.00 per family**, a **\$40.00 activity fee per child** and **your 1st weekly payment** is due at the time of registration (THE DEPOSIT AND WEEKLY PAYMENT MAY BE COMBINED ON ONE CHECK, BUT THE ACTIVITY FEE MUST BE ON A SEPARATE CHECK!). All fees are **NON-REFUNDABLE!!!** The deposit covers your family's enrollment for the summer program in 2008 and the 2008-2009 school year. A full day of sports, games, crafts, fieldtrips and special activities are planned. The activity fee is per child and covers most of the fieldtrips and transportation costs for the summer. Main fieldtrips will be on Tuesdays and Thursdays every week.

The summer program will run Thursday, June 5 – Friday, August 29.
We will be closed Thursday, July 3 and Friday, July 4th.

Parents will **PRE-PAY** for childcare on a weekly basis the Friday before the week of care. Please make check or money order payable to Kentwood Public Schools. **NO CASH** is accepted, but you may pay by Debit/Credit card by calling 493-5693. For more information or to register your child call 493-5693.

Fees listed below will include a light breakfast - cereal & milk/juice, milk at lunch, and an afternoon snack with milk/juice. Children must bring a sack lunch.

<u>Fees</u>	<u>1st child rate</u>	<u>2nd child rate</u>
Weekly Rate	\$130.00	\$102.50
Week 1 – June 5 and June 6 Only	\$ 52.00	\$ 41.00
Week 5 – June 30 – July 2 Only	\$ 78.00	\$ 61.50



New policies for summer...

- *No longer offer 1/2 day rate or partial weeks for summer.**
- *The first week of vacation (5 days) will be free. Any additional weeks of vacation will be charged at 1/2 rate.**

WE DO NOT HAVE A DROP-IN POLICY YOU MUST PRE-REGISTER. IF YOUR CHILD IS ILL OR ON AN EXTENDED VACATION, YOU WILL STILL BE CHARGED AS WE ARE HOLDING YOUR SPOT.

YOU ARE REGISTERING FOR THE ENTIRE SUMMER

Please fill out the bottom portion and return along with the enrollment and activity fees.

Signature of parent/guardian: _____ Printed name of parent/guardian: _____

Students Name _____ Age _____ Grade Completed _____

Students Name _____ Age _____ Grade Completed _____

Students Name _____ Age _____ Grade Completed _____

Only mark Vacation 1 2 3 4 5 6 7 8

Weeks Needed: 6/5-6/6 6/9-6/13 6/16-6/20 6/23-6/27 6/30-7/2 7/7-7/11 7/14-7/18 7/21-7/25
9 7/28-8/1 10 8/4-8/8 11 8/11-8/15 12 8/18-8/22 13 8/25-8/29

Remember: 1st week of vacation no charge. Additional weeks will be charged at 1/2 price.

Enrollment Fee & 1st Weekly Payment _____ Check # _____
Activity Fee _____ Check # _____



KENTWOOD PUBLIC SCHOOLS REGISTRATION FORM



Kentwood Public Schools, together with parents and the community will educate all students in a safe, secure environment. We are committed to excellence, equity, and diversity in education. Our goal is for each student to master and apply the essential skills to be a successful, productive citizen.

ENROLLMENT DATE: _____

PLEASE PRINT INFORMATION

STUDENT'S LEGAL NAME: _____ (First) (complete middle name) (Last)

Student's Language: [] English [] Other (language) Student Language in home: [] English [] Other (language)

Residency: [] In Kentwood Public Schools District [] Outside of Kentwood District (Non-Resident Release Form needed)

Sex: [] Male [] Female Year of Graduation _____ GRADE LEVEL: _____

Birthdate: _____ Mo/Day/Yr Age: _____ Birthplace: _____ City/State/Country

Ethnic Background: [] Immigrant [] Refugee

Check only one: [] Hispanic or Latino [] White [] Hispanic/White [] Native Hawaiian/or other Pacific Islander [] Black or African American [] Black/White [] Asian American [] American Indian or Alaskan Native

Student Resides With: [] (B) Both Parents [] (M) Mother Only [] (O) Relative [] (F) Father Only [] (MS) Mother/Stepfather [] (FO) Foster Home [] (FS) Father/Stepmother [] (G) Guardian [] (CP) Court Placed

Student's Address: _____ (Apt. #) (Apt.. Complex) (House #) (Street Name) _____ (City) (State) (Zip Code) Home Telephone No. _____ Unlisted ? [] Yes [] No

CONTACT INFORMATION:

PRIMARY Parent/Guardian: _____ Relationship to Student _____ Home Phone _____ Place of Employment _____ Work/Pager/Cell Phone Number _____ Email Address _____

SECONDARY Parent/Guardian: _____ Relationship to Student _____ Home Phone _____ Place of Employment _____ Work/Pager/Cell Phone Number _____ Email Address _____

Parent Living Elsewhere: [] Yes [] No Parent's Name _____ Relationship: _____

Request mailings to parent living elsewhere: [] Yes [] No

Phone No: _____ E-mail address _____ (Address) (Apt. #) (City) (State) (Zip Code) FAX No. _____

Father's Education: Last grade completed _____ College yrs. Completed _____ Mother's Education: Last grade completed _____ College yrs. Completed _____

Other siblings in residence who attend Kentwood Public Schools:

Name _____ Grade _____ Building _____ [] natural sibling [] step-sibling Name _____ Grade _____ Building _____ [] natural sibling [] step-sibling

Did student EVER attend Kentwood Public Schools: [] Yes [] No If no, school attended: _____

OTHER INFORMATION:

- Kentwood Public Schools has permission to publish the information provided on this form in a school directory [] Yes [] No
Kentwood Public Schools has permission to release photos/videos of my son/daughter [] Yes [] No
Has your student received special services in the past? [] Yes [] No (If yes, please identify type): _____
Has your student ever been expelled, suspended, or recommended for expulsion or long-term suspension? [] Yes [] No

I certify, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. Falsifying information may lead to student dismissal.

(Signature of Parent/Guardian) _____ (Date) _____



STUDENT INFORMATION

First Middle Last Grade Building

EMERGENCY CONTACT INFORMATION

(Parent/Guardian to be contacted) (Relationship to Student) (Phone)

(Person to contact if parent/guardian cannot be reached) (Relationship to Student) (Phone)

Authorization for Emergency Treatment

Completion of this portion will authorize the school staff to contact your child's physician and to act on his/her advice for treatment in the event that your child is injured or ill at school or at a school sponsored activity. It also authorizes the school staff to contact another physician for direction in the event your physician is not available. In all cases, an effort will be made to contact the parent, guardian or designated emergency contact person first.

Note 1: Be sure to consider carefully who your emergency contact person will be (above), and that they understand it will be his/her responsibility to authorize treatment if you cannot be reached.

Note 2: If considered necessary by school administration, 911 emergency personnel may be contacted immediately

In the event of a medical emergency, and I or my designated emergency contact person cannot be reached, I authorize _____ to receive medical treatment from our physician or alternate physician (named below).

(student's name)

Name of Physician: _____ **Phone:** _____

Address: _____

Alternate Physician: _____ **Phone:** _____

Hospital Preferred (circle one): Spectrum downtown (Butterworth) Spectrum east (Blodgett) Metropolitan St. Mary's

Health Insurance Provider: _____

Plan No./HMO Number: _____ **Ambulance Service Preferred:** _____

Note: I authorize ambulance service if required and understand I am responsible for payment of this bill Y N

Please note any special health conditions, allergies or medication reactions for your son/daughter.

Asthma Bee Stings Diabetes Allergies _____

Medications: _____

Other: _____

Parent/Guardian Signature

Date

Kentwood Public Schools

Home Language Survey

Our schools need to know the language(s) spoken and heard at home by each child. This information will be used by the district to determine the best instruction possible for all students.

Please answer the following questions. Thank you for your help.

Name of Student: _____ School: _____

Grade: _____

Age: _____

1. Which language did your child first learn to speak? English Other: _____
2. What language does your child use most often at home? English Other: _____
3. What language do you most often use to speak to your child? English Other: _____
4. Does your child understand a language other than English? No Yes, please list: _____

5. In what country was your child born? USA Other: _____
6. If your child was born outside of the USA,
 - a. Is he/she a refugee? Yes No
 - b. When did he/she arrive in the U.S.? ___/___/___
 - c. Country of immigration: _____
 - d. When did he/she first attend a U.S. school? ___/___/___

Signature of Parent or Guardian: _____ Date: _____

Address: _____ Phone: _____

School Staff: If a language other than English is indicated, please fax a copy of this completed form to the Office of Student Services (455-4476).
File the original form in the student's CA-60.

CENTRAL REGISTRY CHECK AUTHORIZATION

Children’s Protective Services Intake Unit
Kent County Family Independence Agency
415 Franklin Street, SE
Grand Rapids, MI 49507
FAX: 247-6100 or 246-1767

To Whom It May Concern:

Please send verification of whether the prospective volunteer or staff person named below is listed on the Children’s Protective Services Central Registry system as a perpetrator of abuse/neglect. I have verified the name and date of birth of the prospective volunteer or staff person by checking their identification/driver’s license.

Sincerely,

Agency Name: Kentwood Public Schools
SACC, Pre-K, and Readiness programs

Name & Title: Lori Eaton, Director Early Childhood Programs
Connie Francis, Readiness Coordinator

I, the undersigned, authorize the Family Independence Agency to check the Central Registry System by name and identifiers to determine if my name has been placed on the Central Registry for substantiated abuse or neglect, as defined in Act No. 238, Public Acts of 1975, as amended, being 722.621 to 722.636 of the Michigan Compiled Laws.

Name of Prospective Volunteer/Staff Person: _____
(PLEASE PRINT)

Maiden Name or Aliases: _____

Date of Birth: _____ Sex: _____ Race: _____

Social Security Number: _____

Home Address: _____
STREET ADDRESS CITY ZIP CODE

Signature: _____

Date: _____

KENTWOOD PUBLIC SCHOOLS
5820 Eastern Avenue SE
Kentwood, Michigan 49508-6200

**CRIMINAL BACKGROUND CHECK/VOLUNTEER CONSENT
FORM**

As a prospective volunteer for KENTWOOD PUBLIC SCHOOLS, I understand that it is the district's policy to secure conviction criminal history information as part of their pre-screening process using the information provided below:

NAME: _____
 LAST FIRST MIDDLE

MAIDEN NAME / NAME PREVIOUSLY USED: _____

BIRTHDATE: _____ ETHNIC BACKGROUND: _____

SOCIAL SECURITY NUMBER: _____ SEX: _____

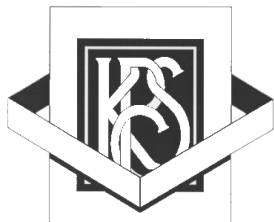
DRIVER'S LICENSE NUMBER: _____

I understand the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize Kentwood Public Schools to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search.

VOLUNTEER'S
SIGNATURE: _____

DATE: _____

BUILDING: _____



Early Childhood Program Office

Kentwood Public Schools

3303 Breton Rd, S.E.
Kentwood, MI 49512
Phone 616-493-5693
Fax 616-493-5696

DR. SCOTT PALCZEWSKI
Superintendent of Schools

MIKE ZOERHOFF
Assistant Superintendent for
Human Resources

BARABARA MCKENZIE
Assistant Superintendent for
Curriculum/Instruction

STEPHEN P. ZAKEM
Assistant Superintendent
For Business

LORI EATON
Director of Early Childhood Programs

CHRISTINE BONK
Administrative Assistant

**KENTWOOD PUBLIC SCHOOL
VOLUNTEER/STAFF SCREENING PROCEDURE**

This is to verify that I have never been convicted of child abuse and neglect and/or have not been convicted of a felony involving harm or threatened harm. This statement is to certify that I have not been convicted of any criminal charge or that I have not been involved in any Protective Services investigation or offense:

- **I am aware that abuse and neglect of children is against the law.**
- **I am aware of school district policy on child abuse**
- **I understand that care givers are mandated, by law, to report abuse and neglect.**

Employee/volunteer Name

Date

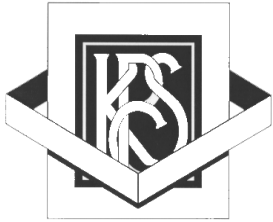
Witness

Date

All classroom staff and volunteers will be required to obtain clearance from FIA Central Registry and provide documentation that they have been cleared.

All Pre-K/Readiness parents working in the classroom will be supervised by the staff at all times.

This process is to ensure that all staff/volunteers meet licensing requirements outlined by the consumer and industry services child day care licensing division, and that all staff /volunteers be of responsible and good moral character.



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MIKE ZOERHOFF
Assistant Superintendent for
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Assistant Superintendent
For Business

LORI EATON
Director of Early Childhood Programs

CHRISTINE BONK
Administrative Assistant

FIELD TRIP PERMISSION

I hereby request that my child, _____, be permitted to participate in field trips, to the park, or any other activities that would involve taking my child outside of Kentwood Public Schools for his/her benefit in attendance at this facility.

Authorized Signature: _____

Date: _____

ADVISORY TO ALL PARENTS (2/08)

The Michigan Pesticide Control Act and your right to be informed of pesticide applications at and around your child's school

Dear Parents(s) or Guardians(s):

As a part of the Kentwood Public Schools District's, including day-care centers, Pest Management Programs, pesticides are occasionally applied. You have the right to be informed prior to any pesticide application made to the school grounds and buildings. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application. If you need prior notification, please complete the information below and submit this written request to your child's school.

Note: Todd Bell, Director of Operations, Kentwood Public Schools, 6160 Valley Lane SE, Kentwood, MI 49508, may also be contacted by phone (698-8848) or fax (698-0695) if you have any questions or concerns regarding this letter or the Integrated Pest Management Program.

The Kentwood Public Schools District has trained and licensed persons applying the needed pesticides to our school buildings and grounds. All applications are made in compliance with the regulations mandated by the Michigan Pesticide Control Act. **All applications are done after hours to protect the students from contact with the products used. The premises and areas treated are also clearly marked for everyone's protection.**

The material safety data sheets for every product used are on file with the Kentwood Public Schools District.

PESTICIDE PRIOR NOTIFICATION REQUEST

Parent/Guardian Name: _____

Student's (Child's) Name: _____

School Child(ren) Attend: _____

Telephone (Daytime): _____ (Evening): _____

Please check one:

- I wish to be notified prior to a scheduled pesticide treatment inside of the building.
- I wish to be notified prior to a scheduled pesticide treatment of the grounds of the school (day-care).
- Both of the above.

Parent/Guardian Signature

Date