

HURON CITY SCHOOLS



TIGERS KIDS CLUB

**SHAWNEE ELEMENTARY &
WOODLANDS INTERMEDIATE**

2019 – 2020

REGISTRATION PACKET

DEAR PARENTS / GUARDIANS:

UPDATE “TIGERS KIDS CLUB”

Tigers Kids Club will start on Wednesday, August 28, 2019

We would like to thank everyone for being patient as our team worked to make our program better and safer for our Huron Families. Childcare service is an important part of our community and school system. Changes to service requirements, and the unfortunate closure of other providers, have challenged us to adapt our program.

Below are some changes to our services this upcoming year.

- Teacher to student ratio will be 1:18.
- Additional class in the morning to accommodate families.
- **Students must be at least 5 years old to be in the program.**
- Students will be expected to follow the policies in the Student-Parent handbook. Failure to comply could result in removal from Tigers Kids Club.
- *If a payment is not received for two consecutive months services will be canceled. Student/Students will then be placed on a waiting list.*
- **Due to allergies students are asked not bring in any food. Thanks for helping us create a safer environment.**
- Families will be charged daily or weekly.
 - Morning - Daily rate is \$5 per day.
 - Evening - Daily rate is \$6 per day.
- **Services will not be provided if school is closed. Morning childcare will not be provided if there is a delay.**

The team is confident that these changes will help our families in need of support. We look forward to continuing to provide an excellent resource for childcare.

If you have any questions or concerns please let us know.

Shawnee Elementary

419-433-1234 extension 5502

Woodlands Intermediate

419-433-1234 extension 3002

Very Best Regards,

Huron City Schools

IMPORTANT DATES

MARK YOUR CALENDARS

Tigers Kids Club will not be meeting on the following days:

- Services will not be provided if school is closed. Morning services will not be provided if there is a delay.
- Tigers Kids Club will start services on Wednesday, August 28, 2019.
- Only the afternoon program **will be closed** on the following days:
 - *Tuesday, November 26^a*
 - *Friday, December 20^a*
 - *Friday, April 3^a*
 - *Thursday, June 4^a*

**HURON CITY SCHOOLS
TIGERS KIDS CLUB
BEFORE AND AFTER SCHOOL PROGRAMS**

- Huron City Schools sponsors our Tigers Kids Club Program.
- Fall registration has now begun for children attending Shawnee & Woodlands who are at least 5 years old.
- The program times for the 2019-20 school year: Shawnee from 6:30 am until school starts and at Woodlands from dismissal until 6:00 pm.
- Huron school buses will transport the student between buildings.
- The Shawnee morning session involves the students in games, crafts, and breakfast is included. The after school session at Woodlands includes activities, a snack and help with homework.

- Call with questions regarding the cost of the program or to register your children:
 - Shawnee Elementary, 419-433-1234 extension 5500
 - Woodlands Intermediate, 419-433-1234 extension 3000

POLICY AGREEMENT

Tigers Kids Club does not receive State or Local monies to subsidize the program.

I understand I will be billed monthly. Further, I understand payment is due upon receipt of invoice. **Failure to pay for two consecutive months will result in loss of childcare services.** Families who lose services will be placed on the bottom of the waiting list.

I understand that there is a fee of \$25.00 per week per child for the AM program, and \$30.00 per week per child for the PM program. Parents using the program on an occasional basis will be charged at rate of \$5.00 per day for the AM program, and \$6.00 per day for the PM program.

Students will be provided breakfast in the morning and a snack in the afternoon at no additional charge.

Financial aid will be offered for those in need based on the Federal Sliding Scale. The Federal Scale is on the next page. Financial aid application will be available at Shawnee, Woodlands, or at the Board of Education Office beginning August 13, 2019. Verification of income and household size will be required for all applicants.

I understand I must sign my child "in/out" everyday.

I understand that late fees (\$1.00 per minute) will be imposed if my child is picked up after Tigers Kids Club designated closing time of 6:00 PM.

I understand the following steps will be taken when a child is left at the site past closing time:

- All emergency contacts on the child's enrollment form will be called until 6:20 pm.
- The police will be notified if the child has not been picked up, so they can assist in finding the parent/guardians.

I understand all forms in this registration packet must be completely filled out and turned in prior to my child's admission into the program.

I understand I am required to disclose all medical, physical or behavioral issues at the time of my child's enrollment, and supplement such information on an ongoing basis.

I understand I forfeit the privilege of participation in the program if all policies are not followed.

I understand that I will be held financially responsible for property damage caused by my child/children. (This includes, but is not limited to, any property owned or possessed by the Huron City Schools and any personal property belonging to others.)

I understand nonpayment of program fees for two consecutive months will result in my child/children being placed on a waiting list.

I understand children must abide by the guidelines/procedures identified in the Huron City Schools Parent-Student Handbook. Failure to comply may result in removal from Tigers Kids Club.

I understand services will not be provided if school is closed. Morning childcare will not be provided if there is a delay.

Parent/Guardian Signature

Date

Please Print Name

REGISTRATION INFORMATION

PRINT AND COMPLETE EACH BLANK. WRITE N/A IF ITEM IS NOT APPLICABLE.

School Child Attends _____
 Child's Name _____
 Address _____
 Parent/Guardian Name _____
 Home Address _____
 Business Address _____

Date of Admission _____
 Date of Birth _____
 Home Phone _____
 Cell Phone _____
 Home Phone _____
 Business Phone _____

Please circle which phone number should be used 1st, 2nd or 3rd to reach you while your child is in the program.

Cell 1 2 3 Home 1 2 3 Business 1 2 3

Parent/Guardian Name _____
 Home Address _____
 Business Address _____

Cell Phone _____
 Home Phone _____
 Business Phone _____

Please list three authorized persons to take child from the program in the event of an emergency

| | | |
|------------|------------|------------|
| Name | Name | Name |
| Home Phone | Home Phone | Home Phone |
| Cell Phone | Cell Phone | Cell Phone |
| Work Phone | Work Phone | Work Phone |

| | | |
|------------|----------|-----------------------------|
| Physician: | Dentist: | Other Health Care Provider: |
| Name | Name | Name |
| Phone | Phone | Phone |

I give permission to provide first aid and transportation to an emergency care facility if needed

Parent/Guardian Signature _____

If you do not want your child transported to an emergency care facility or provided first aid, describe procedures to follow

| |
|---|
| MEDICAL / HEALTH NEEDS: |
| ALLERGIES AND TREATMENT: |
| DIET RESTRICTIONS: |
| MEDICATIONS: NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN ATTENDANCE AT THE PROGRAM. |

CHILD MEDICAL STATEMENT

Childs Name _____ Date of Birth _____

Height _____ Weight _____

Limitations or health condition (including allergies, medications, dietary restrictions)

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|--|
| |
| |
| |
| |

| Immunizations | <i>Please Circle One</i> | |
|------------------|--------------------------|----|
| Complete for age | Yes | No |
| In Process | Yes | No |

| Exempt from Immunizations | <i>Please Circle One</i> | |
|---------------------------|--------------------------|----|
| Religious conviction | Yes | No |
| Health concern | Yes | No |
| Other: | | |

List of Person(s) not permitted to pick up this child (Please print)

| | | |
|--|---|----|
| | Restraint papers or Divorce decree Attached | |
| | Yes | No |
| | Yes | No |

REQUEST FOR THE ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

A separate form must be completed for each medication.

Except in cases of emergency, parents shall give the first dose of any newly prescribed medication so that they may personally observe the child’s reaction.

Section I

PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

I hereby request and give my permission to the authorized staff member to administer the following medication to my child:

| | | | |
|---------------|-------------------|---------------------------------------|------|
| Name of Child | Age of Child | Name of Medication to be administered | |
| Dosage | Time(s) of dosage | Signature of Parent | Date |

Per SACC Rule section 3301-32-06C-1:

All prescription medicine must be current within the last twelve months, kept in its original container and have a legible label containing the child’s name and written instructions for use from a licensed physician, nurse practitioner, or dentist. All medicines must be kept in a place inaccessible to children. An inhaler or nonprescription medication may be available to a school child with a special health condition with parental permission in accordance with the program’s policy.

Section II

LOG OF MEDICATION ADMINISTERED BY AUTHORIZED STAFF MEMBER

| Date and Time of Dosage | Amount of Dosage | Signature of Authorized Staff Member |
|-------------------------|------------------|--------------------------------------|
| | | |
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CHILD DROP - OFF / PICK-UP POLICY

When you enroll your child in Tigers Kids Club, it is to be understood our policy is for you to bring your child into the center each morning, sign the attendance sheet, and let a staff member know your child has arrived. Please note, we are not legally responsible for your child when she/he is dropped off outside the building.

As a parent or guardian, I am aware the Tiger Kids Club staff is not responsible for my child unless I bring my child into the building and sign the attendance sheet and inform staff of my child's arrival.

I understand state law requires me to sign my child in and / or out each day. I also understand state law requires that I inform staff that my child is leaving.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Program Usage

Please fill out this section so we are able to have a compliant student to teacher ratio. This will help us maintain a safe and nurturing environment for our families.

Morning:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Everyday: _____

Anticipated Arrival Time: _____

Afternoon:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Everyday: _____

Antipated Pick-up Time: _____

***Please fill this out to the best of your ability.**

| Size of Family Unity | 100% Poverty Level | 115% Poverty Level | 125% Poverty Level | 187.5% Poverty Level | 200% Poverty Level |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1 | 12,490 | 14,364 | 15,613 | 23,419 | 24,980 |
| 2 | 16,910 | 19,447 | 21,138 | 31,706 | 33,820 |
| 3 | 21,330 | 24,530 | 26,663 | 39,994 | 42,660 |
| 4 | 25,750 | 29,613 | 32,188 | 48,281 | 51,500 |
| 5 | 30,170 | 34,696 | 37,713 | 56,569 | 60,340 |
| 6 | 34,590 | 39,779 | 43,238 | 64,856 | 69,180 |
| 7 | 39,010 | 44,862 | 48,763 | 73,144 | 78,020 |
| 8 | 43,430 | 49,945 | 54,288 | 81,431 | 86,860 |
| Family Unity with more than 8 members | Add 4,420 for each additional | Add 5,083 for each additional | Add 5,525 for each additional | Add 8,288 for each additional | Add 8,840 for each additional |

***Annual Family Income**

For family units with more than 8 members, add A for each additional member.

| TUITION SLIDING FEE SCALE | |
|----------------------------------|--------------------------|
| At or below 100% | 20% of the total / month |
| At 100% below 115% | 37% of the total / month |
| At 115% below 125% | 47% of the total / month |
| At 125% below 187.5% | 56% of the total / month |
| At 187.5% below 200% | 66% of the total / month |
| At 200% | 84% of the total / month |

Examples: Your total invoice for the month is \$180.00, you fall in the 115% to 125% of poverty level classification and you would be required to pay \$84.60 per month.

Invoice total \$80.00 per month at or below 100% of poverty level would pay \$16.00 for the month.

Average school year equals 32 weeks.

See poverty income guideline to figure out your income level.

Total annual Family Income

Please be sure to include ALL family members living within your household on the tuition application.

EFFECTIVE 2019-2020 SCHOOL YEAR