



Photo

KISD Employee Enrollment Form
KISD Employee Special Dates/Child Care

School Year _____ Home School _____

Start Date _____ Last Date of Attendance _____

_____ After School _____ Before School _____ Before and After

_____ Summer Camp _____ Summer Camp Location: _____

_____ KISD Special Dates (Refer to attached fee agreement for specific dates)

Please fill in every blank. If the information is not applicable put N/A in the blank.
It will be the parent/guardian's responsibility to update any changes that need to be made.

Child Information

Child's Name: Last _____ First _____ Middle _____

Home Address: _____

City: _____ State _____ Zip Code _____ Phone Number _____

Sex: Male _____ Female _____ Birthdate _____ Age _____ Grade Level _____ School _____

Parent/ Guardian Marital status: _____ Please indicate any custody /visitation restrictions _____

With whom does the child live? If at different residences please provide a schedule _____

Please list any special restrictions or health information we should know about your child. These will include any special
medical needs, food allergies, non-food allergies (insect bites, animals, medication etc.), dietary restrictions, any health
conditions, special accommodations, one on one care. Are there any other factors involving your child's health and or
development Campus Kids should be aware of?

Primary Parent/ Guardian

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Driver's License # _____ State _____

Employer _____ Employer address _____

Hours at work _____ E-mail (h) (w) _____

Phone: Home _____ Work _____

Cell: _____ Relationship to child _____

Contact this person in case of emergency _____

Secondary Parent/Guardian

Lastname _____ FirstName _____
Address _____ City _____ State _____ Zip _____
Driver's License # _____ State _____
Employer _____ Employer address _____
Hours at work _____ E-mail (h) (w) _____
Phone: Home _____ Work _____
Cell: _____ Relationship to child _____
Contact this person in case of emergency _____ This person may pickup _____

Authorized Release and Emergency contacts: (List three)

Parents will be contacted first. If a parent cannot be contacted please contact one of the following individuals. Permission is given for my child to be released from the program as stated below. I give permission for the following individuals to pick up my child.

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Phone: Home _____ Work _____ Cell _____

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Phone: Home _____ Work _____ Cell _____

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Phone: Home _____ Work _____ Cell _____

Parents Signature _____ Date _____

Medical Information

I understand Campus Kids personnel will make every effort to contact me in case of emergency requiring medical treatment for my child. Since Campus Kids personnel will be certified in First/ Aid and CPR, I give Campus Kids permission to give my child first aid when necessary and for my child to be transported to a hospital or emergency medical facility when necessary. I also authorize trained medical attendants/ ambulance/ rescue teams and hospital personnel to provide necessary emergency medical treatment for my child.

Child's Name _____ Age _____ Grade _____
Physicians Name _____ Phone _____
Physicians Address _____ Preferred hospital or clinic _____
Dentist's Name _____ Phone _____ Address _____
Insurance Provider _____ Policy Number _____

Parents Signature _____ Date _____

Release of Information

I understand that Campus Kids will provide a time and supervision to do homework. In order to maximize the opportunity for academic growth it takes a combination of home, school and Campus Kids after school program. To help support this opportunity I give permission for Campus Kids to discuss information regarding my child's homework performance with my child's teacher.

Parents Signature _____ Date _____

Immunization Information

My child's immunization record and vision and hearing screenings are on file with the school and are up to date.

Name _____ Yes () No ()

Parents Signature _____ Date _____

Playground Equipment

I agree to allow my child to play on all of the playground equipment at the Campus Kid's site even though some of the equipment may not meet the Licensing standards for child-care centers.

I acknowledge, understand and agree there are potential risks involved in the use of the playground equipment and believe the benefits outweigh the risks.

I acknowledge, understand and agree that the use of the playground equipment, by its very nature, carries with it inherent risks that can not be eliminated regardless of the care taken and that Campus Kids cannot guarantee my child's and or children's safety. As such, I assume all risks associated with this use and/or the services.

I acknowledge, understand and agree Campus Kid's did not construct, manufacture, install or maintain the playground equipment.

As such, I , also agree to HOLD HARMLESS, DEFEND, AND INDEMNIFY Campus Kids, its directors, officers, shareholders, employees, volunteers, independent contractors, agents, partners, and parent, subsidiary, sister, and affiliated companies (collectively "Indemnitees"), at my sole expense, from all demands, claims, losses, damages, suits, and judgments resulting from any alleged ordinary negligence per se liability, and/or strict liability, and to reimburse Indemnities for any expense (including but not limited to every expense of litigation, court costs, and attorneys' fees) incurred as a result of the services provided by Campus Kids and/or the use of any playground equipment. I further agree to pay all costs and attorneys' fees incurred by Campus Kids in investigating and defending a claim or suit even if the claim is withdrawn, or to the extent a court or arbitration determines that Campus Kids is not responsible for the injury or loss. Furthermore, the indemnities shall have the right to be represented by legal counsel of their own selection at my sole expense.

Waiver and Release of Liability

In consideration of permission to use, today and on future dates, the Campus Kid' services and the playground equipment, the parties stipulate and agree as follows: *I Parent/Guardian, on behalf of myself, my child, my children, my family, my heirs, personal representatives and assigns, do hereby release, waive, discharge and covenant not to sue Campus Kids, its directors, officers, employees, volunteers, independent contractors and agents from any and all claims, arising from the ordinary negligence per se liability, strict liability, and /or from the sole, joint or concurrent liability of Campus Kids, anyone else participating in the Campus Kids' services or using the facilities, or any of the aforementioned parties This Agreement applies to:*

(1) personal. Bodily or mental injury (including, but not limited to death), economic loss or any damage from accidents and or illnesses arising directly, indirectly, passively, or actively from participation in Campus Kids' services, activities including but not limited to the use of playground equipment, other organized activities, classes, observation and individual use of facilities, premises or equipment; and (2) any and all claims resulting from damage to, loss, or theft of property.

Parents Signature _____ Date _____

KISD/Campus Kids Child Care Partnership

KISD Employee Fee Agreement

KISD Employee Special Dates/Child Care

Child(ren) Name(s) _____ Home School _____

Parent/Guardian Name _____

My child will attend the following dates at the Campus indicated. (*only offered for KISD employees)

Staff Development:

Campuses available for Staff Development: Benignus, Hassler, Kreinhop, McDougale

Please check a Campus for each date(s).

_____ Aug 1-5 & Aug 8-9*	Campus Location _____
_____ Oct 17*	Campus Location _____
_____ Nov 8*	Campus Location _____
_____ Jan 2,3*	Campus Location _____
_____ Feb 13,14*	Campus Location _____
_____ April 10*	Campus Location _____
_____ May 30 - June 1*(Inservice)	Campus Location _____

Fall and Mid Winter Break Camps: (KISD employee priority enroll/ open to all Campus Kids with limit)

Campuses available for Camp: Benignus, Brill, Hassler, Kreinhop, McDougale, Metzler

Please check a Campus for each date(s).

_____ Fall Break October 10-14	Camp Location _____
_____ Mid winter break Feb 15-17	Camp Location _____

Drop off is at cafeteria doors as early as 6:30 am for all Inservice and Camps.

Pick up is at cafeteria doors by 6:30 pm.

I agree to pay the following tuition : There is no registration fee for KISD families using only these Special dates. Daily rate \$35/per child

Method of Payment: May be Check, cash, money order or cashiers check. You can pay the Site Director in the cafeteria at the Site you drop your kids. You can pay for each day or all days.

Parent/Guardian Signature: _____ Date: _____

Every child must have an enrollment form on file/ forms on website

Campus Kids
KISD Employee Fee Agreement
for School Year 2022-2023

School _____ Start Date _____

Child's (Children's) Name(s) _____

Parent/Guardian Name _____

I agree to the pay the following tuition and fees:

Family Registration fee (non-refundable one time charge)		\$40.00
After School Program (5 days)	1 child	\$52.00
Each sibling (5 days)		\$48.00
Mornings only		\$28.00
Mornings only sibling		\$24.00
Before and After school	1 child	\$72.00
Before and After school sibling		\$68.00
Staff Development Days		\$35.00 per day
Fall and Mid Winter Break Camps		\$35.00 per day

If we have short weeks (in-service or holidays) all after school only children will be charged \$10.40 per day. All before and after school will be charged \$14.40 per day per child. Mornings only will be charged \$5.60 per day per child.

Other charges: Insufficient funds fee Maximum allowed by State Law
Late Payment charge \$10.00 per day (after Friday)
Late pickup charge \$1.00 each minute after 6:30pm

Weekly program tuition is due on the Wednesday prior to the week of attendance.
If my child is enrolled in the Campus Kids program I understand that I am responsible for the tuition due. Tuition is not based on attendance, but on the fees outlined herein.

If I do not pay for the services rendered according to this contract, I understand that my child can be withdrawn from the program.

Two weeks written notice will be needed to withdraw my child from the program.

Method of Payment: May be check, cash, money order or cashiers check.

Weekly () Bi-monthly () Monthly ()

I agree to the terms of this contract and am responsible for all costs including costs of suit for collections (including but not limited to reasonable attorneys fees) if necessary. Interest shall accrue on unpaid balances at the rate of eighteen percent (18%) annualized or at the maximum rate allowed by State Law whichever is less.

Parent/ Guardian Signature: _____ Date: _____