



New Family Summer Registration 2011

**Summer enrollment deadline for day 1 start:
Wednesday, May 18, 2011**

Thank you for considering Kids & Company as your childcare provider this summer. We strive to provide a safe, caring, fun environment for your child.

Curriculum and activities will be designed to engage your child throughout the summer in a fun, inviting age appropriate environment!

We will have WEEKLY VISITORS, FIELD TRIPS and SWIMMING providing a variety of programs to enrich your child's summer.

As a special treat this summer, there will be special onsite clubs for your child to sign up to attend throughout the course of the summer.

These clubs may include: *Drama Club, Karate Club, Gardening Club, Pet Care Club and many more.*

Please look for more info and club sign up forms during the first week of summer!

KID FIT emphasizes physical fitness, teaching your child sport skills, healthy eating habits, and allowing him or her to participate in fun physical activities in developmentally appropriate ways.

As always, CHARACTER COUNTS! focuses on the 6 pillars of character: *Trustworthiness, Respect, Responsibility, Fairness, Caring and Citizenship.*

We encourage staff and children to use everyday interaction to emphasize positive character.

Kids & Company is open to children ages 4-12. The Kids & Company program provides childcare in a group setting and meets or exceeds the state required ratio of 1 staff to every 15 children, and 1-12 for 4 year olds. If your child has special needs or has a condition that requires close supervision or assistance, please let our office know so that we can evaluate ways to best serve your child.

The Kids & Company Summer Programs will be located at the following elementary school:

Site

Address

Rue Elem. June 1-July 29	3326 6th Avenue
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Site

Address

2nd Location Aug. 1-15	Location TBA
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Closed : May 30th, 31st, July 4th & August 16th for staff development and vacation.

300 West Broadway, Suite 212 * Council Bluffs, IA 51503 * Phone: 322-8800 * Fax: 322-8941

www.commedfoundation.org & click on the Kids & Company logo!

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Following is a general summary of information most frequently requested by parents.

Parent Handbooks are available upon request when your child starts the program. Please call 712-322-8800 if you have other concerns.

Parent Information:

1. **Dates of operation:** Wednesday, June 1st, through Monday, August 15th (starting date may change if school dismisses later due to more snow days)
2. **Hours of Operation:** Kids & Company is open from **6:15 a.m. to 6:00 p.m. Monday through Friday.**
3. **Breakfast, snack, fieldtrip t-shirt and all activities** are included in the cost of the program. We utilize the Summer Lunch Program for lunches. We will ask you to provide a sack lunch for your child on days the Summer Lunch Program is not in session 6/1-6/3 and 8/1-8/15.
4. Kids & Company will transport all participants to/from scheduled field trips via contracted First Student school buses. We **do not** provide transportation to/from the program.
5. ****FINAL DAY FOR SUMMER REGISTRATION: Wednesday, May 18th** (registrations received after this date will be accepted if space is available, and may not be able to begin on the first day)

Registration Process:

Before your child can start Kids & Company, the following must be completed:

1. The registration form, & release authorizations must be filled out and signed for each child. *(Those currently attending need to submit the update form only. Please see your director for the correct form.)*
2. There is a non-refundable fee for all families enrolling in the summer program,

Family w/one child	\$25	see below:
Family w/two children	\$45	
Family w/three children	\$60	
Family w/four children	\$60	
3. The schedule of attendance is filled out on the registration form. There is a minimum of 3 days per week for the summer.
4. For children currently enrolled in school, grades K-6, a statement of health status signed by the parent is adequate. **For children age 4 or 5 who have not yet attended kindergarten, a physical signed by a physician is required along with a copy of immunization records. All children not enrolled in a Council Bluffs School must provide immunization records.**



Payment of Child Care Fees:

A minimum attendance of three days per week is required for participation in the program. No drop-in enrollments are accepted. Please let us know when your child will be absent for more than 5 days, Monday through Friday i.e. vacations, summer school, camp etc. If any child is gone for more than two weeks without notice their spot may be filled from the waiting list. Please call to see if your child's spot is still available if this should happen.

Kids & Co. will provide an itemized statement for tax purposes upon request. Please call the main office at 712-322-8800 ext. 0.

Discipline and Discharge:

Children are entitled to a pleasant and harmonious environment in the program. The school-age childcare program cannot serve children who display chronically disruptive behavior. Behavior that poses a physical risk to other children or staff may result in immediate termination from the program. Please refer to the Parent Handbook for additional information

Release of Children:

Children will be allowed to leave with persons other than parent only if permission has been given to the Site Director in writing by the parent.

***All children must be signed in when they arrive and signed out at the end of the day by a parent/guardian. ***

Kids & Company School-Age Child Care Program Summer 2011 Fee Summary Information

Child Care Fee Explanation:

Child care fees are based on the number of days your children attend. Please refer to the charts below for specific information.

Summer weekly Charges: A minimum weekly charge of 3 days will be billed to each family enrolled in the summer program. A higher daily rate is charged for less than five days attendance.

Payment Expectations: Parents are expected to pre-pay for childcare services in advance. Parents may pay for childcare on either a weekly or bi-weekly pre-payment basis. The scheduled attendance (designated by parent) weekly charge will be billed to

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each family enrolled in Kids & Company one week in advance. These weekly invoices shall be provided to parents/guardians at the site by Wednesday of each week for services to be provided the following week. Please verify the accuracy of your invoice immediately. This is pre-payment for services. If payments are not prepaid, children will be removed from the program as of that Monday until fees are paid. Please call the main office at 322-8800 if you have any questions regarding your bill. Any checks that do not clear, will have a \$20 non sufficient fund fee charged.

2011 SUMMER FEE SUMMARY
There is a 3-day per week MINIMUM charge per family

# Children	5 Days	4 Days	3 Days
1 Child	\$112.50	\$94.00	\$75.00
2 Children	\$190.00	\$158.00	\$130.00
3 Children	\$270.00	\$220.00	\$168.00

Financial Assistance: The Iowa Department of Human Services may provide child care assistance to families at or below the gross income level listed in the DHS column below. If you feel you may be eligible for DHS assistance, please contact our office or the Department of Human Services for additional information. If your gross income is above the DHS level, but does not exceed the CCS (Community Care Subsidy) column, and your children attend Kids and Company full time (5 days), please contact the office for possible assistance with your child care fees, available first come - first served.

Family Size	DHS	CCS
2 members	\$1,762	\$2,247
3 members	\$2,213	\$2,823
4 members	\$2,665	\$3,400
5 members	\$3,118	\$3,976
6 members	\$3,568	\$4,553

The Community Care Subsidy (CCS) has been provided by the Community Education Foundation. Families who are eligible must fill out the form with their monthly gross income for approval. DHS guidelines are listed for information purposes only. Any family who feels they are eligible for DHS assistance must contact DHS for more information.

Summer Enrollment 2011

First Attendance Date: _____ **Attends School at:** _____

Child's Full Name	Date of Birth	Grade	Sex	Race	T-Shirt Size
Other Children From Immediate Family Attending Kids & Company					

1st Parent/Guardian/Custodian With Whom the Child Resides:

Name	Relationship to Child:
Address: _____	
City: Council Bluffs ____ Carter Lake ____ Other: _____	
IA Zip: _____	
Home Phone: ()	
Cell: ()	E-Mail:
Company/Employer:	Address:
	Work Phone: ()

2nd Parent/Guardian/Custodian:

Name	Relationship to Child:
Address: _____	
City: Council Bluffs ____ Carter Lake ____ Other: _____	
IA Zip: _____	
Home Phone: ()	
Cell: ()	E-Mail:
Company/Employer:	Address:
	Work Phone: ()

Attendance Information: Please let us know which mornings and afternoons your child will be attending:

Monday	Tuesday	Wednesday	Thursday	Friday
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What weeks will your child be absent from Kids & Company _____

**Parent's Statement of Health Status
And Permission for Medical Care in Parental Absence**

This form must be filled out on all children. **Children younger than 5 years of age and enrolled in the preschool program must also have a physical signed by a physician.**

Child's Full Name:	Date of Birth:
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I certify that the above named child is healthy and free of communicable disease. The following medical conditions apply to my child:

Medications:
Allergies:
Acute or Chronic Conditions:
Special information for caring for my child:

*I certify that the immunization information is in the school file

****I have attached a physician signed physical & immunization records for my Preschooler**
Yes N/A

The following information MUST be filled out for BOTH physician and dentist:	
Physician:	Dentist:
Phone # ()	Phone # ()
Address:	Address:
City: Co. Bluffs ___ Omaha ___ Carter Lake	City: Co. Bluffs ___ Omaha ___ Carter Lake ___
Hospital of Preference (check one): ___ Mercy Hospital, 800 Mercy Drive, Council Bluffs, IA ___ Jennie Edmondson Hospital, 933 E Pierce, Council Bluffs, IA ___ Other <i>LOCAL</i> Hospital Name/Address	
Insurance Provider: _____	Group Number: _____
Policy Holder: _____	Policy Number: _____

In the event that my child (listed above) may require emergency medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to the hospital and physician or his/her designee (listed above) to provide this care. In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached, I hereby give my consent for dental and/or dental surgical care to the hospital and physician or his/her designee (listed above) to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. (Comment: Every effort will be made to notify parents/guardians immediately in case of emergency.) This form will be presented upon admission for treatment.

Parent's Signature

Date

Special Permissions

Child's Name: _____ Birth Date: _____

Travel Authorization

I do ___ do not ___ grant permission for my child (listed above), to leave with Kids & Company on a public transportation bus to special places, walks to parks, shopping trips, etc.
Special restrictions: _____

Video/Movie Release

Although Kids & Company carefully selects appropriate videos and movies for the children to watch, there are very few G rated videos available. We would like permission to allow the children to view appropriate PG rated videos.

I do ___ do not ___ give my child permission to watch PG rated video's.

Media Release Authorization

I do ___ do not ___ give permission to have my child appear in any media/advertisement/web coverage approved by Kids & Company.

Meals

Kids & Company participates in the Child & Adult Care Food Program. Please mark below the meals you anticipate your child will receive while in our program:

School Days: Breakfast- ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.
PM Snack ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

**Kids & Company does not provide lunch when the summer lunch program is closed.
Please provide a sack lunch for your child on these days!**

Sunscreen/Bug Spray

I give permission for Kids & Company to apply sunscreen &/or bug spray to my child
As needed during program hours. ___yes ___no

Please apply only the brand/type I have provided
(list brand/type)_____

Records Release Authorization

I hereby authorize and request _____ (name of school) to release to Kids & Company a copy of the most recent immunization and/or physical records of my child (listed above) in their school record.

I do ___ do not ___ give permission for the Kids & Company supervisory staff to share and receive information regarding my child with school personnel.

Signature Parent/Guardian

Date

Iowa Eligibility Application

Complete one application per household. Each foster child is a household of one.

FFY 10-11
School Year 10-11

Part 1. Check all applicable boxes:

- | | | |
|---|--|---|
| <input type="checkbox"/> school meals | <input type="checkbox"/> children in center | <input type="checkbox"/> children in home child care (HP) |
| <input type="checkbox"/> special milk (restrictions apply) | <input type="checkbox"/> Tier I home provider (HP) | Provider name: _____ |
| <input type="checkbox"/> foster child (ONE APPLICATION PER CHILD) | <input type="checkbox"/> Head Start/Even Start | |

Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS. If applicable, list FIP or Food Assistance Case Number.

List name(s) of all enrolled child(ren) in your household. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code).

Ethnicity: H=Hispanic or Latino, N=Non Hispanic or Latino
Race: A=Asian, B=Black or African American, I=American Indian or Alaska Native, P=Native Hawaiian or other Pacific Islander, W=White

FIP or Food Assistance Eligible: Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. NOTE: Medicaid, Title XIX, FIP card number and EBT card numbers are not acceptable.

Name of household member(s) with Case Number _____ List Case Number _____

Last Name	First Name	Middle Name or Initial	Check box for FOSTER child <input type="checkbox"/>	Date of Birth	Grade	OPTIONAL		Name of School/Head Start/Child Care Center
						ETHNICITY	RACE	
1.			<input type="checkbox"/>					
2.								
3.								
4.								
5.								

Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2. Report the gross income received by EACH household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side.

List the names of <u>everyone</u> living in your household, including the children listed in Part 2. Attach a separate page if more space is needed. For FOSTER children, include only money available for child's personal use or child's own income.					Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income Received.		
Last Name	First Name	Age	Income	Check if NO	Gross amount received weekly	Gross amount received every 2 weeks	Gross amount received twice a month	Gross amount received monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA	All other income
1.				<input type="checkbox"/>							
2.				<input type="checkbox"/>							
3.				<input type="checkbox"/>							
4.				<input type="checkbox"/>							
5.				<input type="checkbox"/>							
6.				<input type="checkbox"/>							

My Social Security Number: _____ - _____ - _____ I do not have a Social Security Number.
 If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. Foster parents completing this application for a foster child are not required to provide their Social Security Numbers. For all other applicants, providing Social Security Numbers is voluntary. **See Privacy Act Statement in the parent letter.**

Part 4. Certification and Signature. REQUIRED OF ALL APPLICANTS.

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted.

Signature of Adult Completing Form _____ Printed Name of Adult Completing Form _____ Date Signed _____
 Address of Adult Completing Form _____ Town _____ ZIP Code _____ Work Phone _____ Home Phone _____ Cell Phone _____

Part 5. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12
 Household Income: \$ _____ Weekly Every 2 Weeks Twice Monthly Monthly Annually Household Size _____

Application Approved:	<input type="checkbox"/> Income	<input type="checkbox"/> Foster Child (income)	<input type="checkbox"/> FIP/Food Assistance	CACFP HP ONLY: <input type="checkbox"/> Tier 1 Area (Provider's own children) <input type="checkbox"/> Tier 1 Income (All children) <input type="checkbox"/> Tier 1 Child (Tier 2 mixed)
Eligibility Determination:	<input type="checkbox"/> Head Start	<input type="checkbox"/> Temporary Approval (zero income) expires in 45 days on (Mo.) _____ (Day) _____	<input type="checkbox"/> Homeless/Migrant (Schools only)	
Application Denied:	<input type="checkbox"/> Free Meals	<input type="checkbox"/> Reduced Price Meals	<input type="checkbox"/> Free Milk	

Determining Official Signature _____	Effective Date _____
Confirming Official Signature (Schools only) _____	Date _____
Follow-Up Official Signature (Schools only) _____	Date _____

hawk-i /Medicaid Information Form: Read this information and sign if you do not want your name released to hawk-i or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now requires schools to share your free and reduced price meal eligibility information with Medicaid and *hawk-i*, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and *hawk-i* can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the *hawk-i* program. It will not affect your children's eligibility for free and reduced price meals. If you do NOT want your information shared with Medicaid or *hawk-i*, you must tell us by completing the information below at the time you complete this eligibility application. If you want further information, you may call *hawk-i* at 1-800-257-8563.

I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or *hawk-i*. Also, if you are already receiving Medicaid or *hawk-i*, please sign below. This will avoid another contact.

Child's Name: _____ School/Child Care/Head Start Center: _____

Child's Name: _____ School/Child Care/Head Start Center: _____

Child's Name: _____ School/Child Care/Head Start Center: _____

Parent/Guardian Name (Printed) _____ Signature _____ Date _____

Self-Employment Income Worksheet: This worksheet will assist you in calculating the amount to report if you engage in farming, are self employed or have income from other sources.

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. **The least self employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 3 of the application.

The least income possible is zero (no income).

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.

Line 12 - Business income or (loss)	\$	_____
Line 13 - Capitol gain or (loss)	\$	_____
Line 14 - Other gains or (losses)	\$	_____
Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$	_____
Line 18 - Farm income or (loss)	\$	_____
Total		\$ _____
Total ÷ 12*		= _____

*Enter amount in the "All Other Income Last Month" column in Part 3 on the front of the Iowa Eligibility Application. **The least income possible is zero (no income).**