



**Kids & Company  
Summer Exploration Registration  
June 1- July 1, 2010**

**Enrollment deadline: Friday, April 16, 2010**

Thank you for considering Kids & Company as your childcare provider this summer during your child’s summer school *Summer Exploration*. We strive to provide a safe, caring, fun environment for your child.

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

*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 Exploration Programs will be located at the following elementary schools:**

<b>Site</b>	<b>Address</b>
<b>Bloomer Elementary</b> June 7-July 2	<b>210 South 7<sup>th</sup> Street</b>
<b>Roosevelt Elementary</b> June 7-July 2	<b>517 North 17<sup>th</sup> Street</b>

**Kids & Company will be open at Walnut Grove Elem. all day June 1-4 and the remainder of the summer! (July 5- August 13)**  
**\*\*If you are interested in the full day program, you must mark your interest “yes” at the bottom of page 1 on the registration form.\*\***



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

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

### **Parent Information:**

1. **Dates of operation:** Wednesday, June 2<sup>nd</sup>, through Thursday, July 1<sup>st</sup> (Starting date is subject to change if school dismisses later due to more snow days. We are closed July 2<sup>nd</sup> in observance of Independence Day.)
2. **Hours of Operation:** Kids & Company Summer Exploration is open from **6:15- 9:00 a.m. and 3:00-6:00 p.m. Monday through Friday.**
3. **Breakfast, snack and all activities** are included in the cost of the program.
4. Kids & Company **will not** provide transportation to/from the program, you must set up your own transportation.
5. **\*\*FINAL DAY FOR SUMMER EXPLORATION REGISTRATION: Friday, April 16<sup>th</sup>** (registrations received after this date will be accepted if space is available, and district transportation will not be provided.)

### **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.
2. There is a \$15.00 non-refundable fee for all families enrolling in the Kids & Company Summer Exploration program.
3. The schedule of attendance is filled out on the registration form. There is a minimum charge of 5 sessions per week for the Kids & Company Summer Exploration program.
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 5 sessions per week is required for participation in the Kids & Company Summer Exploration program.** You will be charged regardless of actual attendance. 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, 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.

Weekly invoices shall be provided to parents/guardians at the site by Wednesday of each week for services provided during the previous week. Parents are expected to respond to weekly invoices with payment for services rendered within two weeks of the date of service. Failure to keep your account current will result in termination from the program.

**Kids & Co. will provide an itemized statement for tax purposes upon request. Please call the main office at 712-322-8800 ext. 10.**

### **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 Exploration 2010 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 5 sessions will be billed to each family enrolled in the Kids & Company before and after Summer Exploration program.

**Payment Expectations:** parents may pay for childcare on either a weekly or bi-weekly basis. Payment on a less frequent basis is not acceptable. Weekly invoices shall be provided at the site on Wednesday of each week for services provided during the previous week. Parents are expected to respond to weekly invoices with payment for services provided. Failure to keep accounts current will result in termination from the program.

**2010 Summer Fee Summary**

**There is a 5 session MINIMUM weekly charge per family**

<i>FULL FEE</i>	<i>1 Child</i>		<i>2 Children</i>		<i>3 Children</i>	
<b>Minimum Weekly Charge:</b>	<b>\$28.75</b>		<b>\$50.00</b>		<b>\$71.25</b>	
	<b>Weekly</b>	<b>Daily</b>	<b>Weekly</b>	<b>Daily</b>	<b>Weekly</b>	<b>Daily</b>
Before & After School	\$57.50	\$11.50	\$100.00	\$20.00	\$142.50	\$25.00
Before School Only	\$28.75	\$5.75	\$50.00	\$10.00	\$ 71.25	\$14.25
After School Only	\$28.75	\$5.75	\$50.00	\$10.00	\$ 71.25	\$14.25
Full Days	\$112.50		\$190.00		\$270.00	
Late Start/Early Out (1 addition unit)						
<b><i>There are a limited number of subsidized reduced rate scholarships available. Please see below for eligibility. Only children attending 10 units per week are eligible for the reduced rate.</i></b>						

**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.

Income Guidelines:

<b>Family Size</b>	<b>DHS</b>	<b>CCS</b>
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.**

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

[www.commedfoundation.org](http://www.commedfoundation.org) & click on the Kids & Company logo!

Sponsored by the Community Education Foundation, Inc. \* In cooperation with the Council Bluffs Community School District



## Summer Exploration June 1-July 1, 2010

**First Attendance Date:** \_\_\_\_\_ **Circle summer school attending : Bloomer or Roosevelt**

Child's Full Name	Date of Birth	Grade just completed	Sex	Race

Other Children From Immediate Family Attending Kids & Company:

\_\_\_\_\_

**1<sup>st</sup> Parent/Guardian With Whom the Child Resides:**

Name: _____	Relationship to Child: _____
Address: _____	
City: Council Bluffs _____ Carter Lake _____ Other: _____	
IA _____	Zip: _____
Home Phone: _____	Social Security # _____
Cell: _____	E-Mail: _____
Company/Employer: _____	Address: _____
Work Hours: _____	Work Phone: _____

**2<sup>nd</sup> Parent/ Guardian:**(person listed here will be on the account also, unless otherwise noted)

Name: _____	Relationship to Child: _____
Address: _____	
City: Council Bluffs _____ Carter Lake _____ Other: _____	
IA _____	Zip: _____
Home Phone: _____	Social Security #: _____
Cell: _____	E-Mail: _____
Company/Employer: _____	Address: _____
Work Hours: _____	Work Phone: _____

**Attendance Information: Please let us know which days and times your child will be attending**

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
Mark: <input type="checkbox"/> am <input type="checkbox"/> pm	Mark: <input type="checkbox"/> am <input type="checkbox"/> pm	Mark: <input type="checkbox"/> am <input type="checkbox"/> pm	Mark: <input type="checkbox"/> am <input type="checkbox"/> pm	Mark: <input type="checkbox"/> am <input type="checkbox"/> pm

**Do you plan to have your child attend full day summer Kids & Company at Walnut Grove ?**

**Yes**     **No**





## 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. Examples of PG rated videos include most new Disney movies and most of the movies marketed for children today. Some examples include: Harry Potter & Scooby Doo.

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

### Sun Screen Authorization

I do \_\_\_ do not \_\_\_ give Kids and Company to apply sunscreen to my child. I have provided the following sunscreen for my child to use while at Kids & Company \_\_\_\_\_

### Medial Release Authorization

I do \_\_\_ do not \_\_\_ give permission to have my child appear in any media coverage approved by Kids & Company. *i.e. program news letters, web site, site bulletin boards, local news paper articles, etc.*

### 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:

PM Snack-  Mon.  Tues.  Wed.  Thurs.  Fri.

### 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 Kids & Co. supervisory staff to share and receive information regarding my child with Council Bluffs school personnel

Signature Parent/Guardian

Date

# Iowa Eligibility Application

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

**FFY 09-10**  
**School Year 09-10**

**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 Numbers.**

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

Last Name	First Name	Middle Name or Initial	Check box for FOSTER child	Date of Birth	Grade	ETHNICITY	RACE	Name of School/Head Start/Child Care Center	FIP Case Number (1 per child) NOTE: REFER TO NOTICE OF DECISION FOR CASE NUMBER.	Food Assistance Case Number (1 per child) NOTE: REFER TO NOTICE OF DECISION FOR CASE NUMBER.
						OPTIONAL				
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	Check if NO Income	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"/>								
7			<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 \_\_\_\_\_ 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 /Head Start | <input type="checkbox"/> Homeless/Migrant (Schools only)   |
| Eligibility Determination: | <input type="checkbox"/> Temporary Approval (zero income) expires in 45 days on (Mo.) _____ (Day) _____ | <input type="checkbox"/> Tier 1 Area (CACFP HP only) | <input type="checkbox"/> Tier 1 Income (CACFP HP only)   | <input type="checkbox"/> Tier 1 Eligible (CACFP HP parent) |
| Application Denied:        | <input type="checkbox"/> Free Meals   | <input type="checkbox"/> Reduced Price Meals         | <input type="checkbox"/> Free Milk                       |  |
|                            | <input type="checkbox"/> Incomplete   | <input type="checkbox"/> Over income limits          |  |  |

Determining Official Signature _____ Effective Date _____	Confirming Official Signature (Schools only) _____ Date _____
Determining Official Signature _____ Effective 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 - Capital 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).**