



AUSTIN COMMUNITY EDUCATION KIDS KONNECTION CHILDCARE

912 1st Ave NE, Austin, MN 55912 / Phone 507-460-1706
2017-2018 School Year Registration Agreement

For Office Use Only:	
Date Received:	_____
Reg. Fee	_____
Pin #	_____
EZ Care	_____
Copy for site	_____

Child's Legal Full Name: _____

2017-2018 Grade PRE K 1 2 3 4 Age: _____ Teacher: _____

Date of Birth: ___/___/___ Male Female Child lives with: Mother Father Both Other _____

CLC (Preschool) Woodson (Kindergarten) Woodson (Modified Calendar)
 Banfield (1-4 Grades) Neveln (1-4Grades) Southgate (1-4 Grades) Sumner (1-4 Grades)

Parent/Guardian Information

First Contact Person/Guardian Name _____

D.O.B: _____ Home Phone _____

**This person will receive all mailing/billing information and will be responsible for payment.*

Address _____ City _____ State _____ Zip _____

Company/Employer Name _____ Work Phone _____

Cell Phone _____ Other Phone _____

Email Address _____

Second Contact Person/Guardian Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Company/Employer Name _____ Work Phone _____

Cell Phone _____ Other Phone _____

Email Address _____

Non-Parent/Guardian Emergency Contact and/or Pick-up Persons

I authorize the following adults (must be at least 18 years old) to be contacted in case of emergency and/or to pick up my child(ren). Persons indicated must be reached locally. **Parent/guardian must supply two (2) contacts to register. They must be different than who is listed above. Please fill in all spaces.**

Adult Emergency Contact Name _____ Relationship _____

Local Home Phone _____ Local Work Phone _____ Cell Phone _____

Adult Emergency Contact Name _____ Relationship _____

Local Home Phone _____ Local Work Phone _____ Cell Phone _____

Kids Konnection is for families needing childcare for back-up or drop-in care, early dismissal, non-school days, and weather emergency days. Cost is \$20 per child per day for 6 hours or less, and \$32 per child per day for 6 hours or more.

*Regular Enrollment is available for families needing to use the program on a regular basis.
A \$20.00 minimum per week per child. \$3.10 per hour after reaching the \$20.00 minimum per week per child.*

Child's Doctor _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

- Is there legal custody, restraining orders, or school disciplinary (suspension) issues that we should be aware of?
YES NO If so, please list and/or describe: _____
- Does your child have any special needs, circumstances or have a medical history that we need to be aware of?
YES NO If so, please list and/or describe: _____
- Is there anything significant about your family situation you would like us to know? YES NO
If yes, please explain: _____
- Are there any medications your child needs to take while at Kids Konnection? YES NO
If so, please list _____
Inquire at the Kids Korner main office for proper paperwork and medication policy. No medications will be accepted or administered without approved paperwork. No over-the-counter medications can be administered.

List names and ages of siblings: _____

The policy of Austin Community Education and Kids Konnection program is that there shall not be discrimination against individuals based on race, color, creed, religion, national origin, disability, or status with regard to public assistance in the opportunities to participate in the program.

RELEASES: By signing my name below, I agree to the following:

- 1. I agree to abide by the terms and conditions, and payment schedule of the Kids Konnection Program at Austin Public Schools. Families registered for Kids Konnection are charged \$20 per child per day for 6 hours or less, and \$32 per child per day for 6 hours or more.**
- 2. In the case of an emergency involving the above-named child, I authorize the Kids Konnection Program to use the Austin Medical Center Emergency Room for emergency medical treatment, if I or the child's doctor cannot be reached. I authorize Kids Konnection staff to call 911 to seek emergency care if deemed necessary and I will pay the charges.**
- 3. Photographs and/or video of your child may be used for promotional materials.**

Return with \$40.00 (\$80.00 maximum per family) nonrefundable registration to the Community Education Office. This covers the period of School Year 2017-2018 (inclusive of summer if continuously enrolled).

Please complete the attached Child Intake Form and return with registration and fees.

Any previous accounts that have been sent to a collection agency for payment will be prohibited from future enrollment into the Kids Korner program.

How will your charges be paid?

- Self**
- Dept of Human Services** County _____ Caseworker _____
- Grant**
- Other** (please describe) _____

I would like my bills emailed to this address: _____
(I will not receive a paper bill)

Please note: All clients receiving child care assistance must have the proper paperwork completed with the agency before we can accept the registration. Any charges that are not covered by assistance will be the parent/guardian's responsibility.

SIGNATURE: _____
Name *Relationship to Child* *Date*

Please return completed forms to: **Austin Community Education**
912 1st Ave NE, Austin, MN 55912
Phone: 507-460-1706