

Belton School District #124
Kids Central A.S.P.I.R.E.
614 W. Mill Street – Belton, MO 64012
816-348-1514

For Office Use Only: SAC Site _____ Program: _____ Start Date: _____

Site / School / Enrollment / Computer / File

Child's Name _____

2009 – 2010 School Year Sex: Male / Female Date of Birth _____ Grade _____ School _____

Primary Parent/Guardian _____	Parent/Guardian _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Home # _____ Other # _____	Home # _____ Other # _____
Employer _____ Work # _____	Employer _____ Work # _____
Email _____	Email _____

PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE PROGRAM & TO BE CALLED IN AN EMERGENCY (other than Parent/Guardian)

Name _____	Name _____	Name _____
Relationship to Child _____	Relationship to Child _____	Relationship to Child _____
Phone # 1 _____	Phone # 1 _____	Phone # 1 _____
Phone # 2 _____	Phone # 2 _____	Phone # 2 _____

MEDICAL INFORMATION: Doctor's Name _____ Phone # _____

Allergies or Chronic Conditions (please include any food allergies): _____

Medical History: Does your child have a history of or has ever had any of the following:

Asthma	Yes No	Excessive Bleeding	Yes No	If you answered Yes to any of these, please specify _____
Diabetes	Yes No	Seizures or Epilepsy	Yes No	
Kidney Trouble	Yes No	Allergic Reaction To:	_____	
Rheumatic Fever	Yes No	Penicillin	Yes No	
Heart Trouble	Yes No	Novocain	Yes No	
Anemia	Yes No	Anesthetics	Yes No	Is your child receiving any medication now? If so, what _____

Does your child have an I.E.P. or Discipline plan or other concern? Yes / No If yes, please be very specify _____

Child's Name: _____

This section is to select which program your child will participate. There is a \$35 non-refundable family registration fee. Tuition will be charged and is due on the first business day of each month (September through May). Accounts with an outstanding balance after the 20th of each month will be charged a \$15 late payment fee. Rates are subject to change with written notice.

FULL TIME PROGRAMS: (includes care for early release and school breaks)
4 – 5 days per week (please circle which days per week your child will attend)

Monday Tuesday Wednesday Thursday Friday

_____ My child will attend after school care on Early Release Days

_____ AM & PM care (6:00am-8:30am & school close-6:30pm) @ \$285 per month

_____ AM care only (6:00am-8:30am) @ \$200 per month

_____ PM care (school close-6:30pm) @ \$205 per month

PART TIME PROGRAMS: (includes care for early release and school breaks)
1 – 3 days per week (please circle which days per week your child will attend)

Monday Tuesday Wednesday Thursday Friday

_____ My child will attend after school care on Early Release Days

_____ AM and PM care (6:00am-8:30am & school close-6:30pm) @ \$185 per month

_____ AM care only (6:00am-8:30am) @ \$140 per month

_____ PM care (school close-6:30pm) @ \$145 per month

_____ **ALL DAY CARE ONLY** (scheduled school breaks and early release days *only*) @ \$65 per month. Children must arrive by 10:00AM and bring a sack lunch.

_____ My child will attend after school care on Early Release Days

Dates include: September 10, October 12, 29 & 30, November 12 & 25, December 23, 28, 29, & 30, January 4, 14 & 18, February 11 & 15, March 17, 29, 30, & 31, April 1 & 2, and May 21 (tentative last day of school).

School cancellation days are available at an additional \$25 per day. These will be on a first come-first served basis and will be charged as used.

Kids Central ASPIRE will be CLOSED on the following dates: September 7, November 26 & 27, December 24, 25 & 31, and January 1

Does your child receive Missouri Childcare Subsidy Assistance? Yes / No If yes, my Case Worker is _____
We require authorization from Family Services before your child may attend.

Please initial the following :

_____ PG Movie Permission: I give permission for my child to watch PG rated movies during Kids Central ASPIRE School Age Care

_____ Media Release: I give permission for the name and likeness (photo/video) of my child to be used by KCA for advertising & training purposes

I understand I will be notified in case of accident or illness of my child and I will make arrangements for medical care with the physician or hospital of my choice. In case of serious/life threatening emergency, the Belton School District reserves the right to call an ambulance and transport your child to Belton Research Hospital. The Parent/Guardian will be financially responsible for all charges incurred. At no time will a staff member drive your child unless accompanied by another adult. I certify my child is in good health and free of disabilities that would endanger him/her or other children in the program. I understand the Kids Central ASPIRE School Age Care Parent Handbook has information pertaining to admission, care, financial policies, and discharge of children.

I have read and understand all of the above information. If I have any questions or concerns, I will notify the KCA Coordinator at 816-348-1514.

Parent/Guardian Signature _____ Date _____

