# Welcome to Kid's Castle Summer Camp 2023!







Welcome to Summer Camp! Our preschool session will end on Friday, June 9<sup>th</sup> and camp begins Monday, June 12<sup>th</sup>. Summer camp is an exciting part of our program! Children will be placed in classrooms according to specific ages and grade levels. Kid's Castle accepts children ages 8 months through 13 years of age. There are many opportunities for your child to participate in activities that will enhance their personal growth, physical well-being, and build social skills!

Kid's Castle offers a variety of fieldtrips over the summer. You will receive a monthly calendar explaining what activities are scheduled for the center as a whole. Each classroom will also plan individual fieldtrips and activities as well. You will be notified in advance of these activities as they are scheduled via the Procare app and the bus schedule posted in the entry way. Fieldtrips and other special activities are planned according to appropriate age groups. Please keep in mind children ages 3 and under may not participate in <u>all</u> of our outings.

In addition to making new friends and getting to know each other, children will have the opportunity to participate in creative arts & crafts, exciting science experiments, daily swimming and/or water activities, cooking projects, fun picnics, ice cream socials, sports events, concerts by the lake, scavenger hunts and much, much more! All activities will be supervised by well-trained staff members.

Parents may choose to send their children 2-5 days per week. Full and half-day options are available for ages 2 and up. Families that need a rotating schedule will be charged a minimum of 3 days per week, plus an additional fee of \$10 per week per child, or \$20 per family. Kid's Castle provides a 15% sibling discount for children who are scheduled 3 or more days per week. Invoices and calendars will be handed out monthly in each child's cubby or folder. Vacation request forms are located outside of the main office. A vacation request form must be filled out and given to the office two weeks prior to using a vacation day. Please refer to the Parent Participation form for clarification on vacation time. Monthly tuition is due within each month.

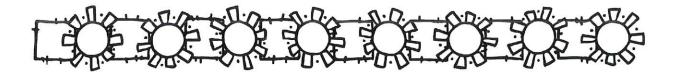
\*Summer Camp runs from Monday, June 12th through Wednesday, August 30th\*

We will be CLOSED on Tuesday, July 4<sup>th</sup> in observance of Independence Day

We will be CLOSED on Thursday, August 31<sup>st</sup>, Friday, September 1<sup>st</sup> to prepare for the

Preschool year!!

We are looking forward to a fun and exciting summer! Stop in the office or give us a call if you have any questions.



# What to bring to Summer Camp:

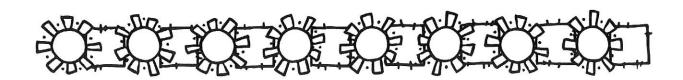
#### Be sure to replenish these items as needed

- Swim-suit & Towel
- Bug Spray & Sunscreen
- Blanket & Sheet children will be provided an XL
   Ziploc bag for storage (for children going into Kindergarten & below)
  - Extra change of clothes (all ages)
    - Reusable Water Bottle
- Children going into 1<sup>st</sup> Grade 13 years must bring a <u>disposable bag lunch everyday!</u>

# REMEMBER TO LABEL <u>EVERYTHING</u> WITH YOUR CHILD'S NAME!!

Paperwork must be submitted 2 business days prior to start date!

This Includes:	
Registration Packet & Fee (ALL AGES) Provider/Parent Payment Agreement Form (ALL AGHER) Health History Form (ALL AGES)	ES)
Immunization Report (ALL AGES) Intake Form (Under 2 Years) YoungStar Intake (ALL AGES) Facebook (ALL AGES) HSIS/CACFP Form (All Households) (ALL AGES)	Kid's Castle Office Information  Owner/Administrator: Kris Cresco Financial Director: Lindsey Fox Curriculum Director: Angelia Gallion Main Phone Number: (262) 657-7413 Fax: (262) 657-7813 Email: kckenosha@gmail.com
Due NO LATER Than 60 Days After Enrollment:	
Health Report (Signed By Doctor) (8 Months-Kinder	garten)



#### Kid's Castle Parent Participation Form Summer Camp 2023

Childia Nama	
Child's Name	_

- 1. I understand that Kid's Castle is a state licensed facility and is open from 6:30am to 6:00pm. A late charge of \$5.00, every 5 minutes, per child will be applied to my account if I pick up my child after the closing time of 6:00pm.
- 2. I understand that chronic late pickups may be grounds for dismissal.
- 3. I understand that Kid's Castle does not provide breakfast for my child/children. I am aware that I may provide my child with breakfast to eat at Kid's Castle **before** 8:00a.m.
- 4. I understand that Kid's Castle will provide a lunch for my child <u>AGES 8 MONTHS THROUGH KINDERGARTEN ONLY.</u> Parents of young children who are unable to eat solid foods must provide a substitution. Participation in the lunch program is mandatory. The only supplements allowed will be for allergies and/or special needs. I understand that Kid's Castle DOES NOT provide lunch for children <u>1st GRADE THROUGH 13 YEARS-OLD</u>. It is my responsibility to provide my child with a healthy disposable lunch each day. I will be charged a \$6.00 lunch fee if my child does not have a lunch. Also, if my child arrives after lunch has been served (11:30-12:45p.m.), it is my responsibility to have them fed before they arrive. \_\_\_\_\_(Initials)
- 5. I understand my tuition is due by the last business day of the month and I will adhere to my Provider/Parent Payment Agreement Form.
- 6. I understand if tuition is not paid in full by the last business day of that month, the appropriate finance fee will be charged. Accounts with a remaining balance of \$500,00 or less will receive a fee of \$10.00. Accounts with a balance over \$500 will receive a fee of \$25.00. \_\_\_\_\_(Initials)
- 7. I understand that any card payments (credit or debit) made on my account will be charged a 3.5% service fee. \_\_\_\_(Initials)
- 8. I understand that if my payment is returned for any reason, I will be charged a returned item fee of \$30.00.
- 9. I understand that if my account is sent to collections, I will be responsible for ANY fees associated with the collection process.
- 10. I understand that if my account is delinquent for any reason, Kid's Castle reserves the right to terminate enrollment. Upon returning, if space is available, I will be charged a reenrollment fee of \$25.00 if within the same session.
- 11. I understand that schedule changes are preferred in writing and submitted two weeks in advance. There is no "swapping" of days. I also understand that ANY changes to my child's schedule must be approved through the administration and is based on availability in that classroom.
- 12. I understand that Kid's Castle has a scheduled two day a week minimum. If my child has a rotating schedule, the schedule must be submitted NO LATER than 4:00pm on the Friday of the week prior. If I fail to submit a schedule, I will be billed according to the previous week's schedule and any additional days will be billed accordingly. Rotating children must schedule a minimum of 3 days per week and will be charged an additional fee. \$10.00 per child or \$20.00 per family.
- 13. I understand that tuition is based on my contracted schedule. I am required to pay for the days my child is scheduled for <u>EVEN</u> <u>IF THEY DO NOT ATTEND</u>.
- 14. I understand that parents with children going into 1st Grade through 13 years of age are granted 2 weeks of vacation over summer camp, effective immediately upon enrollment. Children ages 8 months through 5 years, who only attend summer camp will receive 1 week of vacation. Parents with children ages 8 months through 5 years of age, who attend yearly, may also choose up to 2 weeks of personal vacation per year. I am aware that this is an earned vacation that I will receive 6 months after enrollment. Children who attend yearly will also receive a built-in, optional vacation time over KUSD's winter break. We ask that a vacation request form be completed and given to the office two weeks prior to the requested days off.
- 15. I understand that I will be charged a weekly rate per my child's schedule; this includes holidays, days off and sick days. I will not be refunded for Kid's Castle closing due to severe weather. Kid's Castle will report closings via Procare and their Facebook page.
- 16. I understand that I need to call Kid's Castle and report an absence within 1 hour of my child's scheduled arrival time. If no communication is made, my child will be marked absent for the day.
- 17. I understand that I need to notify the administration of any changes in contact information, such as: address, phone numbers, authorized pickups, or places of employment, as soon as these changes occur.
- 18. I understand that I will be notified of any pets (other than the fish) in the center.

## Kid's Castle Parent Participation Form Summer Camp 2023

19.	I understand that my child may participate in field trips/outings (both walking and transported) sponsored and supervised by
20	Kid's Castle LLC(Initials) I understand that fieldtrips are a privilege and Kid's Castle reserves the right to <b>not</b> allow children to attend(Initials)
2U.	I understand that my child will be participating in sports, physical activities and swimming/water play daily. Children ages 4
۷۱.	through 13 years will be swimming in our onsite pool daily – weather permitting (Initials)
00	I understand that enrollment fees are due prior to my child's enrollment and are <u>nonrefundable</u> .
22.	Tunderstand that enrollment rees are due prior to my child's enrollment and are nonrelated effective immediately for failure to
23.	I understand that my child's enrollment in Kid's Castle LLC may be suspended or terminated effective immediately for failure to
	abide by this contract, failure to pay required fees by the due dates, failure to follow center policies and procedures as outlined
	in the Kid's Castle LLC Policy Book or failure to comply with DCFS license requirements. I understand that if my childcare
	services are terminated, I may not be eligible to enroll in any Kid's Castle Child Care Program in the future(Initials)
24.	I understand that if I wish to dis-enroll my child from the program, a two week written notice is required, and I will be billed for
	those two weeks regardless of attendance(Initials)
25.	I understand Kid's Castle reserves the right to call 911 in case of an emergency(Initials)
26.	I hereby give consent for emergency medical care/treatment (911) to be used only if I cannot be reached immediately and
	aware that I will be held responsible for all fees associated(Initials)
27.	I understand that I need to review Kid's Castle's policy book, located outside of the front office, for additional fees and policies
	that may apply. I agree to abide by policies stated in the policy book regardless of whether or not I decide to read the policy
	book(Initials)
28.	I understand that it is my responsibility to provide and replenish my child with the items they'll need during care. This includes,
	but is not limited to: nap items, diapering materials, and a disposable lunch (1st grade through 13 years of age). Children 8
	months through Kindergarten will receive an XL Ziploc bag for nap items, and a gallon Ziploc bag for extra clothes. If I do not
	bring these particular items I will be charged a daily fee of \$2.00 per day for nap items, \$2.00 per diaper/pull-up, \$5.00 fee to
	replace a closeable storage bag, and a \$6.00 fee for lunch(Initials)
29.	I understand if I participate in WI Shares it is my responsibility to pay my child's tuition on the first business day of that month. A
	two day grace period will be given to make this payment. After that, a \$5.00 per day late fee will be added to my account
	until my payment is received(Initials)
	I understand that if my WI Shares payment is not applied, <u>I will be responsible</u> to pay my child's tuition(Initials)
	I understand that no refunds will be provided for any monies paid from MY WI Childcare EBT EDGE.
32.	I understand that MY WI Childcare EBT EDGE card may not be used to pay any amount of my parent share payment.
	;
	Parent/Guardian or Responsible Party Printed Name:
	Parent/Guardian or Responsible Party Signature:
	Parent/Guardian or Responsible Party: DOB:/ Last Four SSN:

# Kid's Castle LLC 2023 Summer Camp 3 Years Old ~ Kindergarten 4211 GREEN BAY ROAD Suite 102, KENOSHA, WI 53144 (262) 657-7413

#### EARLY REGISTRATION FEE \$70.00 REGISTRATION AFTER 4/6/23 \$90.00 DUE AT THE TIME OF REGISTRATION

Registration fees payable by cash or check ONLY

#### \*Child's T-Shirt Size- Please circle one option below: Child's Size: 3T 4T S M L XL

Office Use Only
Paperwork Given
Reg. Fee PMT
Procare Started
Procare Completed
Teachers Notified

If personal, doctor and emergency contact information has remained the same; you may choose to only fill out the first line (name DOB info) and update any other information as needed. If you choose to initial and date directly below you are agreeing to the information already provided and on file with Kid's Castle Preschool.

			Initial here:	Date:		
STARTING DATE:						
CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	(NICKNAME)	SEX	BIRTHD	ATE
FATHER/GUARDIAN NAME	OCCUPATION (NA	ME OF BUSINESS)	WORK	PHONE PI	ERSONAL PHON	NE .
HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	Child lives with? Ci	rcle one Y	N
EMAIL ADDRESS		<u> </u>				
MOTHER/GUARDIAN NAME	OCCUPATION (N.	AME OF BUSINESS)	WORK PHON	NE PERSC	PNAL PHONE	
HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	Child lives with? Ci	rcle one Y	N
MAIL ADDRESS						
OCTOR'S NAME	ADDI	RE55		PH	IONE	
ERSONS TO BE CONTACTED	IN AN EMERGENCY (O	THER THAN PARENT/	GUARDIAN):	Authorize	d to pick up chil	d:
NAME (FIRST, LAST)	RELATIONSHIP	ADDRES	<u> </u>	PHONE	У	N
ATMIC (I ERST, ERST)	RELATIONOPIL	AODRES	3	FRONC	у	N
NAME (FIRST, LAST)	RELATIONSHIP	ADDRES	5	PHONE	,	- 14
JAME (FIRST, LAST)	DEL ATTONICITO	ADDDEC	c	D) IONE	У	N
NAME (FIRST, LAST)	RELATIONSHIP	ADDRES	5	PHONE	У	N
NAME (FIRST, LAST)	RELATIONSHIP	ADDRES	S	PHONE		17

DATE

PARENT/GUARDIAN SIGNATURE

#### Kid's Castle LLC 2023 Summer Camp 3 Years Old ~ Kindergarten

CHILD'S NAME:

	2 Days	3 Days	4 Days	5 Days
3-5 Years Old	Full \$114.00	Full \$162.00	Full \$210.00	Full \$243.00
	Half (up to 5 hours)			
	\$96.00	\$135.00	\$174.00	\$198.00

TIME SCHEDULE	MON	TUES	WED	THURS	FRI
	Drop off	Drop off	Drop off	Drop off	Drop off
PART TIME					
(Up to 5 hours)	Pick up	Pick up	Pick up	Pick up	Pick up
	Drop off	Drop off	Drop off	Drop off	Drop off
FULL TIME			<del></del>		
(Over 5 hours)	Pick up	Pick up	Pick up	Pick up	Pick up

<sup>\*</sup>Rotating schedules will be charged an additional fee and are billed at a three day minimum.

I receive or will be applying for WI SHARES childcare assistance:	Yes	No
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Please indicate any vacation being taken off during the first two weeks of June. \*Refer to Summer Camp Vacation Policy with any questions.

	WEEK 1	WEEK 2
Please circle	6/12	6/19
the day(s) of	6/13	6/20
vacation being	6/14	6/21
taken for June	6/15	6/22
	6/16	6/23

HOW DID YOU HEAR ABOUT US?	Internet	Friend	Facebook
Newspaper	Other (Please describe)_		



#### Provider/Parent Payment Agreement Form

This Agreement is between:

Kid's Castle LLC	Parent Name (First, Last)
8000584788/001	Second Parent Name (First, Last)
4211 Green Bay Rd, Kenosha, WI 53144	262-657-7413

For the Care of (if more than 3 children complete on separate sheet)

For the Care of (if more than 3 children			
Child Name (First, Last)	Child Date of Birth	Child Care Price per Week	Payment Schedule WI Shares Payments are due the 1 <sup>st</sup> day of every month.  Payment preference circle one: Monthly Weekly Biweekly
Child Name (First, Last)	Child Date of Birth	Child Care Price per Week	Payment Schedule WI Shares Payments are due the 1st day of every month.  Payment preference circle one: Monthly Weekly Biweekly
Child Name (First, Last)	Child Date of Birth	Child Care Price per Week	Payment Schedule WI Shares Payments are due the 1 <sup>st</sup> day of every month.  Payment preference circle one: Monthly Weekly Biweekly

This payment does not include extra charges that may be incurred for items including registration fees, late fees, missing item fees, lunch fee, "rotators" fee. Parents are responsible for paying the difference between subsidy and Kid's Castle childcare cost.

**Parent and Provider Agreed Upon Start Date** 

M-F / 6:30 am - 6:00 pm / Closed for Holidays; charges for holidays per child's schedule.

Kid's Castle's Hours of Operation

Registration fees must be paid prior to start date. Slot holding is on a case by case basis and based on availability.

Kid's Castle's Policy for Registration Fees and Slot Holding

Closure dates are documented on Kid's Castle's Welcome Letter given with enrollment packet. Holidays, days off and sick days will be charged, per the child's weekly rate. Kid's Castle will charge for closures due to severe weather.

Kid's Castle's Policy on Anticipated Closure Dates and Payment Policy During Closures

Vacation policy explained in Parent Participation Form. Two weeks of vacation can be accrued after six months of enrollment for fulltime students. Prior to earning vacation any expected absences will be charged.

Kid's Castle's Policy on Expected Child Absences

Unexpected absences including sick days or no-shows will be charged at the weekly rate.

Kid's Castle's Policy and Payment Expectations, for Unexpected Child Absences

Administration and parent may review account together. Parent must provide proof of payments with receipts and/or bank statements for any payments in question.

Kid's Castle's Payment Dispute Policy

Suspension, termination or expulsion, may be effective immediately for failure to abide by the Parent Participation Form, failure to pay required fees and tuition by due dates, failure to follow center policies and procedures (outlined in the Kid's Castle Policy book and website) and failure to comply with DCFS license requirements. Kid's Castle may terminate child care for reasons such as but not limited to: the program's inability to meet the needs of the child, chronic late pick-ups, lack of parental cooperation, or threats of verbal/physical harm to staff and/or other children by the child or parent.

Kid's Castle's Reasons and Procedures for Termination or Expulsion of a Child(ren)

Parents are required to turn in a two week notice in writing for disenrollment. If terminated, parent has three months to address any remaining balance with Kid's Castle before account is sent to collections or wage garnishment. All personal items must be collected within 10 days.

Parent's Procedures for Termination/Disenrollment of a Child(ren)

Sibling discounts available for children attending three to five days per week. No sibling discount given for children who attend two days per week. A 15% sibling discount is given towards the oldest child's tuition, families with multiple children will also receive a 5% discount for middle children and the youngest child receives no discount. 4K KUSD Program available for children who are four by September 1<sup>st</sup> (of the current year) this program is billed at a discounted rate. Only one discount option is available per family. A 15% sibling discount is given to children who are coming five full days per week for morning care, with transportation to KUSD programs.

Discounts Available

Circle: SIBLING 4K KUSD NONE

Discount Received and Amount of Discount

If tuition is not paid in full by the last business day of that month the appropriate finance fee will be charged. Accounts with a remaining balance of \$500.00 or less will receive a fee of \$10.00. Accounts with a balance over \$500.00 will receive a fee of \$25.00.

Any card payments (credit or debit) made on my account will be charged a 3.5% service fee

Late Fees and Card Fees

By signing this agreement, Kid's Castle and parents agree to abide by the agreement and written policies of the provider. The provider may amend the policies by giving the parents a copy of the new or changed policy.

Kid's Castle LLC 2/27/2023

# HEALTH HISTORY AND EMERGENCY CARE PLAN

Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION			
Name (Last, First, MI)		Birthdate (mm/dd/yyyy) F	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)			
PARENT / GUARDIAN INFORMATION Provide information where the p	Provide information where the parent(s) / guardian(s) may be reached while the child is in care.	d while the child is in care.	
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
PHYSICIAN / MEDICAL FACILITY INFORMATION			
Physician Name	Medical Facility Address		Telephone Number
SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the Authorizations shall be reviewed neriodically and undated as necessary. P	the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Per DCF 251.07(6)(q)3., authorizations shall be reviewed every 6 months and updated as necessary.	belient shall be labeled with the chis shall be reviewed every 6 month	Id's name. Per DCF 250.07(6)(h)6., s and updated as necessary.
	Brand Name		Ingredient Strength
	Brand Name		Ingredient Strength
Yes No I authorize the center to allow my child to self-apply repellent	ent.		
HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.	any health care plan information fron	n the child's physician, therapist, e	itc.
1. Check any special medical condition that your child may have.			
No specific medical condition			
☐ Asthma ☐ Diabetes	Gastroi	intestinal or feeding concerns, incl	Gastrointestinal or feeding concerns, including special diet and supplements
☐ Cerebral palsy / motor disorder ☐ Epilepsy / seizure disorder		Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism	led, LD, ADD, ADHD, or Autism
Other condition(s) requiring special care – Specify.			
Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.	the medical professional indicating	the acceptable alternative.	
☐ Food allergies – Specify food(s).			
☐ Non-food allergies – Specify.			

<b>6</b>	Triggers that may cause problems – Specify.	
က်	Signs or symptoms to watch for – Specify.	
4.	Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form Authorization to Administer Medication – Child Care Centers and day camps may use their own form.  Centers should be attached to this form. Note: Group child care centers and day camps may use their own form.	Medication – Child Care
ည်	Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms. a. b. c.	
9	When to call parents regarding symptoms or failure to respond to treatment.	
<u>  -</u>	When to consider that the condition requires emergency medical care or reassessment.	
ω	Additional information that may be helpful to the child care provider.	
<u>w</u>	SIGNATURE – Parent or Guardian	Date Signed (mm/dd/yyyy)
~	Review dates:	
	Fage 2 of 2	

#### DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-44192 (Rev. 12/20)

#### CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within 30 school days (6 calendar weeks) of admission to the child care center. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

EP 1	PERSONAL DATA			PLEASE P	<u>RINI</u>			T			
	Child's Name(Last, First, Middle Initi	al)			Date	of Birth (Month/	Day/Year)	Area Code/1	Telephone Number		
	Name of Parent/Guardian/Legal Cus	stodian (L	ast, First, Middle Ini	tial)	Addr	ess (Street, Apa	rtment numb	er, City, State,	Zip)		
L	IMMUNIZATION HISTORY							<u></u> ;			
EP 2	List the MONTH, DAY AND YEAR to child has had chickenpox. If you do records,	ne child r not have	eceived each of the an immunization rec	following imm cord for this ch	unizatior ild, cont	ns, DO NOT US act your doctor o	E A (√) OR (≀ or local public	K) except to inc c health depart	ment to obtain the		
	TYPE OF VACCINE		First Dose Month/Day/Year	Second D Month/Day		Third Dose Month/Day/Ye		rth Dose /Day/Year	Fifth Dose Month/Day/Year		
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT) Polio										
	Hib (Haemophilus Influenzae Type	B)									
	Pneumococcal Conjugate Vaccine (	PCV)									
	Hepatitis B										
	Measles-Mumps-Rubella (MMR)				- !						
	Varicella (chickenpox) vaccine Vaccine is required only if the child not had chickenpox disease.	has									
	Has the child had Varicella (chick	enpox) (Va	disease? Check the	e appropriate	box an	d provide the y	ear if knowi	1.			
	☐ No or Unsure (Vaccine is requir							<del></del>			
	REQUIREMENTS										
EP 3	The following are the minimum req at child care entrance. Children wh additional required doses.	uired imr o reach a	nunizations for the c a new age/grade leve	hild's age/gra el while attend	ing this	cnija care must	nave uleii le	ge must meet cords updated 	a must meet these requirements rds updated with dates of  1 MMR <sup>3</sup> 1 MMR <sup>3</sup> 2 Varicella 2 MMR <sup>3</sup> 2 Varicella of Hib at 15 months of age or a four days or less before the first dose of PCV at 24 months of age in the day is also acceptable). The becompliant (Note: a dose 4 and to child care center). The control of each vaccine has been ald WITHIN ONE YEAR and to an against the parents and a final munications already		
	AGE LEVELS	O DTD	DTaP/DT	2 Polio	NUMBER OF DOSES 2 Hib 2 PCV 2 Hep B						
	5 months through 15 months 16 months through 23 months		DTaP/DT		3 Hib	3 PCV <sup>2</sup>	2 Hep B				
	2 years through 4 years	4 DTP	DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B				
	At Kindergarten entrance	4 DTP	DTaP/DT <sup>4</sup>	4 Palio			3 Hep B				
	<sup>1</sup> If the child began the Hib series at after, no additional doses are requ	12-14 m ired, Min	onths of age, only tw imum of one dose m	o doses are r just be receive	equired. ed after 1	If the child rece 12 months of ag	ived one dos e (Note: a do	se four days o	months of age or or less before the fir		
	birthday is also acceptable).										
	<sup>2</sup> If the child began the PCV series a or after, no additional doses are re	equired.							at 24 months of ag		
	<sup>2</sup> If the child began the PCV series a or after, no additional doses are re <sup>3</sup> MMR vaccine must have been rec	equired. eived on	or after the first birth	nday (Note: a d	dose fou	r days or less be	efore the first	birthday is als	at 24 months of ag		
	<sup>2</sup> If the child began the PCV series a or after, no additional doses are re <sup>3</sup> MMR vaccine must have been rec <sup>4</sup> Children entering kindergarten must	equired. eived on st have r	or after the first birth	nday (Note: a d	dose fou	r days or less be	efore the first	birthday is als	at 24 months of ag		
	<ul> <li><sup>2</sup>If the child began the PCV series a or after, no additional doses are re- <sup>3</sup>MMR vaccine must have been rec- <sup>4</sup>Children entering kindergarten mu- days or less before the fourth birth</li> </ul>	equired, eived on st have r iday is al	or after the first birth	nday (Note: a d	dose fou	r days or less be	efore the first	birthday is als	at 24 months of ag		
EP 4	<sup>2</sup> If the child began the PCV series a or after, no additional doses are re <sup>3</sup> MMR vaccine must have been rec <sup>4</sup> Children entering kindergarten mudays or less before the fourth birth	equired. eived on st have r iday is al <b>AIVERS</b>	or after the first birth eceived one dose af so acceptable).	nday (Note: a diter the fourth	dose fou birthday	r days or less be (either the third,	efore the first fourth or fifth	birthday is als	at 24 months of ag		
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SIGNATURE - Parent, Guardian or Legal Custodian

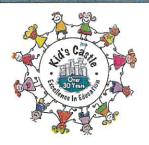
Date Signed

#### Child Health Report - Child Care Centers

**Use of form:** Use of this form is required unless the health examination report is on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider. Completion of this form meets the requirements of DCF 202.08 (4), DCF 250.04 (6) (a) 4. and DCF 251.04 (6) (a) 8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN - This section should be completed	l by the parent or guardian
Child's Name (Last, First, MI)	Child's Birthdate (mm/dd/yyyy)
Child's Address (Street, City, State, Zip Code)	
Parent or Guardian Name (Last, First, MI)	
·	
Parent or Guardian Address (Street, City, State, Zip Code)	
HEALTH PROFESSIONAL - This section should be complete	ed by the health professional
Instructions for feeding and care of child with special health	n concerns – Specify: (attach information as necessary).
Yes No Does the child have a milk allergy? If "Yes,	dentify the recommended milk substitute.
Yes No Does this child have any food or non-food implemented in the event of an allergic reaction.	allergies? If "Yes," specify and include the treatment plan to be
Date of child's most recent blood lead test:	(mm/dd/yyyy).
Note: Children on Medicaid are required to be tested at aroa 3 and 5 years if no previous test is documented. Lead testi	und ages 12 months and 24 months or once between the ages of ing is optional for children who are not on Medicaid.
Immunization(s) not to be administered to child due to med	dical reason(s) - Specify.
AUTHORIZATION	and the state is able to portionate in abild care activities
	nd that he / she is able to participate in child care activities.
Name – MD, PA, or other EPSDT Provider (type or print)	Address (Street, City, State, Zip Code)
SIGNATURE - MD, PA, or other EPSDT Provider	Date of Examination





### **Sick Day Guidelines:**

Making the Right Call When Your Child is Sick

#### Should I keep my child home or send him/her to preschool?

School guidelines advise a child to stay home if he or she:

- Has a fever of 100 degrees or higher
- Has been vomiting or has diarrhea
- Has red, irritated eye/eyes
- Has a rash not evaluated by a medical provider
- Has a severe sore throat
- Has head lice
- Has symptoms that keep your child from participating in school, such as:
  - Very tired or lack of appetite
  - Deep or uncontrollable cough
  - o Severe pain from earache, stomach ache, body ache or headache

#### 24 Hour Rule:

- FEVER: Keep your child home until they are FEVER FREE without medicine for 24 hours (48 hours with Covid-19 contact)
- **VOMITING OR DIARRHEA:** Keep your child home for 24 hours after the *LAST* time he or she has vomited or had diarrhea
- ANTIBIOTICS: Keep your child home at least 24 hours after the FIRST DOSE of the antibiotic

\*Please help others from becoming sick by keeping your child home when ill\*



#### **Family Intake Questionnaire**

This form is used to gather information about the children we serve. Families are encouraged to fill out this questionnaire as completely as possible within the family's comfort level. Any question may be left blank if the family does not wish to share the information.

Child's	's Name	Date:
1.	. Tell us about your family and your family's background. (State any ir share; such as: siblings, who lives in your home, where you may have	
2.	. Tell us about the holidays, traditions and/or customs that your family you observe it (what activities you do, what food you eat, music you or artifacts that you use that represent your culture etc.):	
3.	. Tell us about some of the different occupations and professions repr	esented in your family:
4.	. What kind of things do you do as a family? How do you spend your participation, TV watching, pets in the home, games, etc.)	free time? (Sports

5.	Here is a list of qualities that families view as qualities as desirable for their children to recognize and value. Which, if any, do you consider to be especially important? Mark N/A if not important to your family values.  Rank from most important to least important (1 being most important):  Independence Hard work Feeling of responsibility Imagination Tolerance and respect for other people Determination, perseverance Religious faith Unselfishness Obedience Self-expression
6.	Are there any other areas that your family values?
<b>7.</b>	Is there anything you would like to tell us about your child's temperament? (what calms your child down when they are upset, excited, or frustrated?)
8,	How would you describe how your child learns about the world around them (example: fearless (tries everything in sight or cautious, approaches their world slowly and cautiously)?
9.	What is the most important thing that we should know about your child?



I give my permission to Kid's Castle LLC to photograph my child/children. These pictures will be displayed in the center and/or used for documentation of progress in their portfolios.

Agreed and accepted for:	
Child/Children Names:	
Date:	
	ge and often uses it to share special activities or eld trips or have special guests & post photos. Please child to be included.
Yes, I will allow my	child's picture/s to be on Kid's Castle's Facebook page.
No, I do not want m	y child's picture to be on Kid's Castle's Facebook page.
Thank You!	
Kid's Castle Staff	

#### For Group Child Care & Outside of School Hours Centers FFY 2023, Rev. 6/22

#### CHILD AND ADULT CARE FOOD PROGRAM (CACFP) **HOUSEHOLD LETTER** (Non-Pricing Programs)

Dear Parent on Guardiann	is enrolled in the CACFP, a USDA program which
	Is elifolied in the CACLT, a CODP top Co. a.m.

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files. Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the Effective Month of Determination regardless of any change in your household size and/or income or termination from Benefits Programs.

•You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDPIR (Food Distribution Program on Indian Reservations), Wisconsin Works Programs and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs  $\rightarrow$  Complete Part 1 and Part 3 of HSIS form Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDPIR, or WI Works Programs. Wisconsin Works Programs is Wisconsin's Temporary Assistance for Needy Families (TANF) program, It provides temporary cash assistance through work placement and training programs and IS NOT the WI Child Care Subsidy Program. WI Works Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, and Pregnant Women.

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDPIR, WI Works Programs: DO NOT list case numbers for:

(a) The names of your enrolled children;

(b) Checked box for the benefit your household receives and its case number; & • Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND

(c) The signature of an adult member in the household & signature date

DO NOT list 16-digit Quest Card number (starts with 5077) for FoodShare WI

#### **Determining Eligibility by Household Size and Income** $\rightarrow$ Complete Part 2 and Part 3 of HSIS form Household-Size Income Scale (Effective July 1, 2022 to June 30, 2023)

Household Size	Annual Income Level (at or below)
1	\$ 25,142
2	\$ 33,874
3	\$ 42,606
. 4	\$ 51,338
5	\$ 60,070
6	\$ 68,802
7	\$77,534
8	\$ 86,266
For each additional Household Member, add	+\$8,732

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children. For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):

(a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;

(b) Income received by each household member identified by source of income and its pay frequency;

(c) Total number of household members;

(d) The signature of an adult member of the household and signature date; and

(e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below. The respective documentation is required for these

children to be eligible for Free Meals: These children's eligibility for Free meals does not extend to other children in your household. • Foster children: Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.

• Children Enrolled In Head Start: Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.

Runaway, Homeless, and Migrant Children: Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the Information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare Wi, WI Works Cash Programs, or FDPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, unless you tell us not to. This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement. Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the <u>USDA Non-Discrimination Statement and Complaint Filing Procedure</u> (https://dpi.wi.gov/nutrition#discrimination). This instituțion is an equal opportunity provider.

Signature of Agency Representative



#### HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying Household Letter for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren):									Cent	ter										
or Enrolled Child(Lett).			PART 1: E	3EN	IEF	TS														$\dashv$
Do any hou If yes, check the p	isehold memb program and w	ers current	ly participate	in Fo	oodS	hare	WI elov	l, WIN	Work en go i	s Prog to Par	gran t 3.	ns, c If n	or F o, s	DP kip	IR? to P	art 2.				
FoodShare Wisconsin (10-dig DO NOT list a 16-digit Quest	[																			
FDPIR (9-digit case number):																				
PART 2: HOUSEHOLD SIZE AND INCOME  If you did not complete PART 1, complete a, b, and c below; then go to PART 3.																				
a) Household Members Information: List full names of all members in first column, including yourself and all children.  b) List all income on the same line as the person who receives it.  Record each income source only once.  Check the box for how often each income source is received.																				
Household Member																				
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c) Record total # of household memb		<u>   '                              </u>					- 1													
			ART 3: S																	
If PART 2 is completed, the a			hold member st list the last								"No	one	" if t	the	v do	not have a SS	#.			
ETHNICITY AND RACE DATA COLLECTION This center is required by Federal law to ask effect on determination of eligibility for bene	N – Completion the following to	is optional vo questior	s concerning e															ha	ve n	10
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SELECT ONE OR MORE OF THE FOLLOWIN									-11		D	1£	i a la	Jan	<del></del>					
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applicable State and Federal laws.  Signature of Adult Household Member			Signatur	e Dat	te Mo	/Day	/Yr.	;	Last	4 digit	s of	\$\$# **.*	f (or	che	eck'	'None" if you do		hav	e a S	;S#)
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A. Household Size & Income	B. Benefits			ree																
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**CACFP ENROLLMENT FORM** 

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Parent/Guardian Instructions:

This form can be used for up to three children per household. In the spaces below list the child's name, current age, the days and hours normally in care, and the meals normally received while in care. If the child is of school age report the hours in care both before and after school. Child and Adult Care Food Program (CACFP) regulations require that the enrollment form be updated annually and signed by the child's parent or guardian. This form can be used for three years for the same

**Child Care Name:** 

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