



Kankakee Valley School Corporation

12021 N 550 W

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Wheatfield, Indiana 4639 2-0278

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Mission statement:

Our mission is to guide students to become informed, engaged citizens, and curious, lifelong learners.

Kankakee Valley School Corporation

After School Program

Dear Parents:

The After School Program is a structured enrichment program which is available to students in Kindergarten through 5th grade from 3:30pm to 6:00pm. We are not in session, or if school is dismissed early.

Students will not be allowed to walk home, even if they live near the school. Parents or their designee must personally pick up the children. The individual picking up the child, must sign the child out. It is important that each family establish an emergency plan for their child. This plan would make the child aware of what to do in case he/she went home immediately after school instead of attending the After School Program.

THE PARENT/GUARDIAN IS RESPONSIBLE FOR WRITING A NOTE TO THE TEACHER WHEN YOUR CHILD WILL BE COMING TO THE AFTER SCHOOL PROGRAM.

NON-REFUNDABLE FEES ARE TO BE PAID DIRECTLY TO THE AFTER SCHOOL PROGRAM COORDINATOR:

- ✓ Children who pay regular lunch fees-\$45.00 for a 15-hour ticket (\$3.00/hr)
- ✓ Children who pay reduced lunch fees-\$33.75 for 15-hour ticket (\$2.25/hr)
- ✓ Children who receive free lunch-\$32.25 for 15-hour ticket (\$2.15/hr)

Checks should be payable to KVSC After School Program

PURCHASING A 15 HOUR TICKET IN ADVANCE IS RECOMMENDED FOR STUDENTS ATTENDING ON A REGULAR BASIS.

A child must be enrolled to attend the After School Program. If you are late in picking up your children, an additional fee of \$1.00 per minute for each child, will be charged. If you cannot pick up your child by the 6:00pm deadline, please make sure that you have other arrangements made for your child or children to be picked up.

We encourage students to do their homework; we also provide a snack and use the playground (weather permitting), or the gymnasium.

BALANCES SHALL PAID BEFORE SCHOOL IS OUT, IF THEY ARE NOT PAID IN FULL, YOUR CHILD OR CHILDREN WILL NOT BE ABLE TO RETURN TO THE AFTER SCHOOL PROGRAM UNTIL IT IS PAID.

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|--------------------|-----------------------|------------------------------|
| DeMotte Elementary | Wheatfield Elementary | Kankakee Valley Intermediate |
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Kankakee Valley After School Program Student Enrollment Form

First Name: _____ Last Name: _____

Birth date: _____ Age: _____ Gender: Male or Female (Please circle one)

Grade: _____ Room #: _____ Teacher: _____ Bus#: _____

Do you want your child to do his/her homework in the After School Program? Yes No No Preference

Is your child on a lunch program? Yes No If yes, please circle one: Reduced or Free

Parent or Guardian's Name(s): _____

Address: _____ City: _____

_____ Zip
State

Home Phone: _____ Email: _____

Parent #1

First Name: _____ Last Name: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Parent #2

First Name: _____ Last Name: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Marital Status: _____

List individuals who are authorized to pick up your child.

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____ Phone: _____

Emergency Contacts: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Medical Information:

Doctor's Name: _____ Phone: _____

Does your child have any Yes allergies? No

If yes, please describe:

Is your child on any Yes No medications?

If yes, describe:

Is your child on a special diet? Yes No

If yes, describe: _____

Preferred hospital in the event of an emergency: _____