



# ***Kankakee Valley School Corporation***

*12021 N 550 W*

*PO Box 278*

*Wheatfield, Indiana 46392-0278*

*Telephone: 219-987-4711*

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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 Before-School Program**

*2020-2021*

Dear Parents:

Beginning with the 2020-2021 school year, Kankakee Valley School Corporation will begin offering a Before-School Program available for KVSC students in grades kindergarten through fifth, 6:30-8:30 AM on a regular school day and 8:30-10:30 AM when there is a two-hour delay. It will be held at Kankakee Valley Intermediate School, 12345 N 550 W, Wheatfield.

The fees charged will be as follows:

Children who pay regular lunch fees	\$36.00 for a 15-hour ticket (\$2.40 per hour)
Children who pay reduced lunch fees	\$27.00 for a 15-hour ticket (\$1.80 per hour)
Children who receive free lunch	\$25.50 for a 15-hour ticket (\$1.70 per hour)

Please keep in mind...

- Purchasing a 15-hour ticket in advance is recommended for students attending on a regular basis.
- Non-refundable fees are to be paid directly to the Before-School Program Director.
- Checks should be made out to Kankakee Valley Before-School Program.
- Applications with payment are due by August 3, 2020.
- 'Cold drops' will not be allowed; students must be registered ahead of time.
- Balances have to be paid before school is out. If your account carries a balance at the end of the school year, your child(ren) will not be allowed to return to the Before-School Program until this obligation is met.

# Kankakee Valley Before-School Program Student Enrollment Form

Please indicate student's home school: DES WES KVIS

Please print:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female *please circle one*

Grade: \_\_\_\_\_ Room #: \_\_\_\_\_ Teacher: \_\_\_\_\_ Bus: \_\_\_\_\_

Do you want your child to do homework in the Before-School Program? Yes No No preference

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

Parent/Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Parent #1**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Marital status: \_\_\_\_\_

## **Parent #2**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Marital status: \_\_\_\_\_

## **Emergency contacts**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Medical information**

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies? Yes No

If yes, please describe: \_\_\_\_\_

Is your child on any medications? Yes No

If yes, please describe: \_\_\_\_\_

Is your child on any medications? Yes No

If yes, please describe: \_\_\_\_\_

Preferred hospital in the event of an emergency: \_\_\_\_\_