



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

Dear Parents:

Kankakee Valley School Corporation offers a Before-School Program 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	\$45.00 for a 15-hour ticket (\$3.00 per hour)
Children who pay reduced lunch fees	\$33.75 for a 15-hour ticket (\$2.25 per hour)
Children who receive free lunch	\$32.25 for a 15-hour ticket (\$2.15 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 1st each school year.
- '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 the 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: _____