

For Office Use Only: Method of Payment  
 \_\_\_ Check      Check #: \_\_\_\_\_  
 \_\_\_ Credit Card    Cash:\$ \_\_\_\_\_  
 \_\_\_ M.O.#: \_\_\_\_\_

**2009 - 2010  
 Kaleidoscope Corner  
 PAYMENT AGREEMENT**

**Childcare Site (Please PRINT)**

**Parent Name (Please PRINT)**

**Start Date**




Child's Name (Please PRINT)	Early Risers					Kadoodles/LB AM    PM					After School					Please Circle *1pm Release	AMOUNT
	M	T	W	T h	F	M	T	W	T h	F	M	T	W	T h	F		
1)																1 - 3 1 - 6	
2)																1 - 3 1 - 6	
3)																1 - 3 1 - 6	
4)																1 - 3 1 - 6	
5)																1 - 3 1 - 6	

**\*1PM Friday Release: Roberts K-8, Odyssey Charter (Friday - 1-3 pm \$22/mth; 1-6pm \$88/mth)**

**Non-Refundable Fee's:**

- \$60 for one child
- \$75 for more than one child
- \$25 reinstatement fee
- \$15/per child CAMPS ONLY
- \$75/per child District Early Release – 5 days

<b>SUBTOTAL</b>			
<b>DISCOUNT: 25%    15%    10%</b>			
<b>MONTHLY TUITION PAYMENT</b>			

**Available Discounts (Only one discount will apply per family. Multiple discounts will not be allowed)**

*I understand that the fifteen or twenty-five percent discount will not be applied to my account until the Kaleidoscope Corner Financial Office has received my income verification within 30 days of today's date, and determined my eligibility.*

**Required Paperwork for 15% or 25% Discount:**

- ✓ Last year's income tax return
- ✓ Two most recent paycheck stubs
- A 10% discount to families when their *monthly tuition exceeds \$350. OR*
- A 15% discount to families who are income eligible. **OR**
- A 25% discount to families who are income eligible.

**Human Services**

**HS Case#** \_\_\_\_\_

If you are a CCAP recipient, you must present written authorization from your Aspen Family Service caseworker for the current school year and site location at the time of registration. If you do not have written authorization **you will be responsible for all tuition charges and deposits at the time registration.**

*Parent/Guardian Initials required*

\_\_\_\_\_ *I believe I am eligible for Human Services child care reimbursement (CCAP) and would like to be contacted for a pre-screening or authorization update meeting sponsored through our department*

**CREDIT CARD PAYMENT OPTIONS**

*(Visa or MasterCard only)*

\_\_\_\_\_ Please charge my credit card monthly (**Tuition Express form required**)

\_\_\_\_\_ Please charge my credit card **one time only** (please check one):

\_\_\_\_\_ Registration fee

\_\_\_\_\_ Registration fee and current tuition payment

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Signature: \_\_\_\_\_

**Schedule of Payments:**

Payment	Tuition Express Due Date	Due Date	Coverage Period
1 of 9	August 3, 2009	August 20, 2009	August 19 – September 11, 2009
2 of 9	September 1, 2009	September 20, 2009	September 14 – October 9, 2009
3 of 9	October 1, 2009	October 20, 2009	October 12 – November 6, 2009
4 of 9	November 2, 2009	November 20, 2009	November 9 – December 4, 2009
5 of 9	December 1, 2009	December 20, 2009	December 7, 2009 – January 15, 2010
6 of 9	January 4, 2010	January 20, 2010	January 19 – February 12, 2010
7 of 9	February 1, 2010	February 20, 2010	February 17 – March 19, 2010
8 of 9	March 1, 2010	March 20, 2010	March 22 – April 16, 2010
9 of 9	April 1, 2010	April 20, 2010	April 19 – May 26, 2010

**Terms of Payment Agreement** *(Please read and initial all statements):*

\_\_\_\_\_ I understand that Kaleidoscope Corner will make every effort to send invoices by the 3<sup>rd</sup> business day of each month. However, it is my responsibility to pay the monthly expense by the 20<sup>th</sup> of each month.

\_\_\_\_\_ I understand that Tuition Express takes approximately one billing cycle to take effect. I understand that if I receive a statement with a balance, it is my responsibility to make payment before the payment due date.

\_\_\_\_\_ I understand that if my payment is not received by the 25<sup>th</sup> of the month, a \$25 *non-reversible* late fee will be assessed to my account.

\_\_\_\_\_ I understand if payment is not received by the 30<sup>th</sup> of the month, my enrollment will be terminated.

\_\_\_\_\_ I understand that if my child arrives at Kaleidoscope Corner following disenrollment due to an unpaid balance, he/she will be taken to the school office, and I will be contacted to pick up my child.

\_\_\_\_\_ I understand that if my child is withdrawn due to an unpaid balance, my child may be reinstated provided my account balance has been paid in full, a new payment agreement is signed, and a reinstatement fee of \$25 is received in the Kaleidoscope Corner registration office. If there is a waiting list for that site, my child will be placed on the bottom of the list and I will be notified when space is available. I understand that there will be a two-day processing period for my child to return.

\_\_\_\_\_ I understand that I, the signer of this document, am fully responsible for payment. Kaleidoscope Corner will not process split billing between two parents or guardians.

\_\_\_\_\_ I understand that to withdraw from the program or to change my child's schedule, I must complete the proper forms *two days in advance*. Failure to do so will result in my account being charged full price for that month.

\_\_\_\_\_ I understand that credits or refunds are **NOT** issued for unused days such as but not limited too; early release days, illness, suspensions, expulsions or extended absences.

\_\_\_\_\_ I understand that a \$30 administrative fee will be assessed for returned checks. *After two returned checks, payment must be made with cash or money order.*

\_\_\_\_\_ I understand that a \$30.00 administrative fee will be assessed for credit card declines. *After two credit card declines, payment must be made with cash or money order.*

\_\_\_\_\_ I understand that if I am applying for the 15% or 25% discount, I must submit my paperwork within 30-days of today's date, as stated on the signature line. Furthermore, I understand that if the Financial Office has verified my eligibility, I agree to notify them within 30-days if my financial situation has changed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number *(Optional)* \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

# KALEIDOSCOPE CORNER Information Card

## Parent/Guardian Information

Registration Start Date: \_\_\_\_\_

Child lives with: (Check one or more)  Mother  Father  Other (Please Specify) \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Employed By: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email \_\_\_\_\_

Authorized to  pick up  Not able to pick

**Father/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Employed By: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email \_\_\_\_\_

Authorized to  pick up  Not able to pick

## Child Information

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_

Ethnic group you consider the child to be a member of \_\_\_\_\_ (needed for Federal Food Program)

School Child Attends \_\_\_\_\_ KC Site: \_\_\_\_\_

*If the school the child attends is different than the Kaleidoscope Corner Site, you must complete a bus arrival/departure form.*

Allergies Yes/No  Medical Problems Yes/No  Asthma Yes/No  Dietary Needs Yes/No  Other Yes/No

Please list: \_\_\_\_\_

Medications (Please list): \_\_\_\_\_

PERSONS WHO ARE AUTHORIZED TO PICK UP MY CHILD AND WHOM KALEIDOSCOPE CORNER MAY CONTACT IN THE EVENT OF AN EMERGENCY IF PARENT(S) OR GUARDIAN(S) CANNOT BE REACHED.

**Other Emergency Contact Information** Order of Emergency Contact 1  2  3  (check only one)

Name of Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager# \_\_\_\_\_

Able to pick up  Not able to pick up

**Other Emergency Contact Information** Order of Emergency Contact 1  2  3  (check only one)

Name of Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager# \_\_\_\_\_

Able to pick up  Not able to pick up

**Other Emergency Contact Information** Order of Emergency Contact 1  2  3  (check only one)

Name of Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager# \_\_\_\_\_

Able to pick up  Not able to pick up

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SPECIAL NEEDS INFORMATION

Has your child been identified as disabled?  No  Yes  
If yes, what special accommodations or modifications are needed?  
\_\_\_\_\_

\*Does your child receive special education services?  No  Yes  
Check any of the following that apply to your child.

- Learning Disabilities       Speech/Language       Vision  
 Behavioral Disorders       Physical Therapy       Hearing

***\*If my child has a disability, I will need to have a meeting with the site Program Specialist before he/she may begin the program.***

Please Specify \_\_\_\_\_  
*If either "Yes" has been checked, please refer to the Special Needs Policy in your Parent Handbook*

Are there any activities your child cannot participate in due to physical, social or religious reasons?  No  Yes  
(If yes, please specify)  
\_\_\_\_\_  
\_\_\_\_\_

Personal Release Statement: I understand that there is risk of injury in any recreational or sport activity and I voluntarily assume such risk. I take full responsibility for the actions and physical condition of my child. I agree to indemnify and hold harmless the Department of Community Education and Denver Public Schools from liability, loss, cost or expense (including attorney's fees, medical, dental and ambulance costs) that my child may incur while participating in Kaleidoscope Corner activities.

Parent/Guardian Initials: \_\_\_\_\_

## IMMUNIZATION/HOSPITAL INFORMATION

My child's immunization record and health information is on file at the school and I authorize Kaleidoscope Corner to access it.  
Parent/Guardian Initials: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Dentist's Name \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### Preferred Hospital: (Please mark one)

- \_\_\_ Denver Health Medical Center, 777 Bannock St. Denver CO 80204 Phone: 303-436-6000  
\_\_\_ Presbyterian/St. Luke's Medical Center (PSL), 1719 E. 19<sup>th</sup> Ave., Denver, CO 80218 Phone: 303-839-6000  
\_\_\_ The Children's Hospital, 13123 E. 16<sup>th</sup> Ave., Aurora CO 80045 Phone: 720-777-1234  
\_\_\_ Rose Medical Center, 4567 E 9<sup>th</sup> Ave., Denver, CO 80220 Phone: 303-320-2121  
\_\_\_ Porter Adventist Hospital, 2525 Downing St., Denver CO 80205 Phone: 303-778-1955  
\_\_\_ St. Joseph's Hospital, 1835 Franklin St., Denver, CO 80218 Phone: 303-866-8600  
\_\_\_ University of Colorado Hospital, Anschutz Campus, 12605 E 16<sup>th</sup> Ave. Aurora, CO 80045 Phone: 303-372-0000  
\_\_\_ Name, Address and Phone # of preferred Hospital (if not listed): \_\_\_\_\_

*I do hereby authorize the above named physician to render such treatment as may be deemed necessary in an emergency for the health of the child. In the event that a parent/guardian, or alternate person named on this form cannot be reached, or if the name of a doctor, dentist or hospital has not been provided, the staff is hereby authorized to call 911 for medical assistance. The staff is also authorized to take whatever action is deemed necessary in their judgment for the health of the aforementioned child.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Movie/Media Authorization SIGN IN/OUT AUTHORIZATION

I  do  do not give permission for my child to appear in any media coverage approved by Kaleidoscope Corner.  
I give permission for my child to view  G Movies  PG Movies  No Movies

*I understand that Kaleidoscope Corner is not responsible for children that walk or bus to the program site until they are signed in. Furthermore, I understand that Kaleidoscope Corner is not responsible for children that walk or bus from the program site once they are signed out.*

I give permission for my child to sign him/herself **in** to  Early Riser  
I give permission for my child to sign him/herself **out** of  After School Release Time: \_\_\_\_\_  
My child may not leave by her/himself.  \_\_\_\_\_ (initials)

*In accordance with my decision to register this child in Kaleidoscope Corner, I hereby acknowledge that I have received a copy of the Parent Handbook and agree to abide by the policies and procedures outlined therein*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Kaleidoscope Corner  
School-Age child care  
Sunscreen Form

Child's Name: \_\_\_\_\_

- Parents must provide and clearly label sunscreen with child(ren)'s name.
- Kaleidoscope Corner **will not** provide sunscreen to children attending Kaleidoscope Corner programs.
- Children over 4 years of age must apply sunscreen to themselves under the direct supervision of a staff member. Kaleidoscope Corner staff **will not** apply sunscreen to your child(ren).
- Kaleidoscope Corner staff **will be** responsible for reminding your child(ren) to apply sunscreen prior to outdoor activities.
- Children who are 3 years of age Kaleidoscope Corner staff **will be** responsible for applying sunscreen.

\_\_\_\_\_ **YES**, I authorize my child(ren) to apply sunscreen while at Kaleidoscope Corner.  
I understand that the sunscreen I provide must be labeled with my child(ren)'s name.

\_\_\_\_\_ **YES**, I authorize Kaleidoscope Corner staff to apply sunscreen to my  
**3 year old child** while at Kaleidoscope Corner. I understand that the sunscreen I  
provide must be labeled with my child(ren)'s name.

Listed below are any necessary instructions regarding sunscreen application for my child:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date