

# KAIMUKI CHRISTIAN SCHOOL

## INTERSESSION CARE PROGRAM

December 19, 2011 to January 6, 2012 • 7:30 am to 5:30 pm

For Office Use Only	
Rec'd _____	IC List _____

### \*\*SECTION 1: REGISTRATION

To guarantee a space for your child and ensure adequate staffing, registration is required in advance.

Children who have not been signed up in advance will be taken on a space available basis.

Submit completed form to the Office by Friday, December 16, 2011.

Please register my child for the following days at the rate of \$32/day:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> December 19	<input type="checkbox"/> December 20	<input type="checkbox"/> December 21	<input type="checkbox"/> December 22	<input type="checkbox"/> December 23
<input type="checkbox"/> December 26	<input type="checkbox"/> December 27	<input type="checkbox"/> December 28	<input type="checkbox"/> December 29 (ill 2:30pm due to Pesticide Spraying)	<input type="checkbox"/> December 30
<input type="checkbox"/> January 2	<input type="checkbox"/> January 3 *limited to 24 students	<input type="checkbox"/> January 4 *limited to 24 students	<input type="checkbox"/> January 5 *limited to 24 students	<input type="checkbox"/> January 6 *limited to 24 students

### SECTION 2: PERSONAL INFORMATION

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Last First

Address \_\_\_\_\_

City Zip

#### PARENTS

	Father/Guardian	Mother/Guardian
Name (Last, First)		
Home Phone		
Work Phone		
Cell Phone		

### SECTION 3: EMERGENCY CONTACTS

Should medical attention be required, KCS will attempt to contact parent(s) at the numbers provided above. Please list other individuals to contact if you are not available (in order of preference):

	Contact 1	Contact 2
Name (Last, First)		
Relation to Child		
Street Address		
City & Zip Code		
Home Phone		
Work Phone		
Cell Phone		

### SECTION 4: PAYMENT

Please review Intersession Care Payment Procedures outlined on the back of this form.

### SECTION 5: MEDICAL CARE & SIGNATURE

Please list any medical conditions, physical limitations, allergies, and medication.

I request that, when appropriate and feasible, Kaimuki Christian School try to contact our family physician

Physician's Name  
 Medical Building (if any)  
 Address  
 Phone

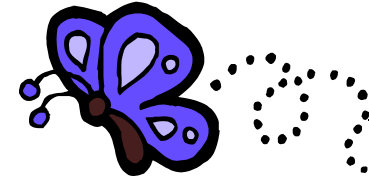

I hereby give my consent/permission to Kaimuki Christian School:

- to make arrangements with a physician in private practice to provide consultation to the school.
- to consult with my child's physician/counselor about his/her physical, mental, or emotional health.
- to administer or secure first aid and/or to call emergency personnel for my child should a situation arise where such services are reasonably believed to be needed.
- I agree that any expenses involved in the medical and/or emergency care for my child is my financial obligation.

\_\_\_\_\_



## Kaimuki Christian School Intersession Care Payment Procedures



### Standard Payment Procedure

Intersession Care ("IC") is a "pay as you use" program. Payment is to be made at the time of drop-off in the morning. Parents may choose to pay daily or for the entire week. If payments are not made promptly supervision can be denied for any child without an advance payment.

### Payment Amount

- **Exact amount.** Payment, whether by check or cash, must be for the exact amount due. Credit will not be applied for a future week's IC use if an excess payment is made for IC.
- **More than one child in Intersession Care.** If your children are in **separate classes**, please write **separate checks** for each child's Intersession

Care costs. Combined checks for children in separate classes will be applied to one child only and, if applicable, will be treated as an Excess Payment.

(Note: If your children are in the **same class** payment can be with **one** check.)



### Excess Payment

If excess payment is made, either by check or cash, it will be processed for a refund and subject to a fee to cover the costs of processing. The refund processing fee is \$10 per refund incidence. The amount refunded will be the excess after the \$10 processing fee has been deducted. All refunds will be issued in the form of a check.

### Late Payment Fee

There will be a \$20 late payment fee PER WEEK for any IC fees due still outstanding after the last Intersession Care day of the week. This fee will be assessed on each Monday of every week that such week's IC fees remain outstanding.

### Past Due Amounts and Intersession Care Ineligibility

IC payments must be kept current in order for the student to remain eligible for Intersession Care. IC payments and late payment fees not collected by IC staff will be placed on the student's account and payments must be sent directly to the KCS finance department. Accounts with fees that are 60 days past due will be subject to termination of student enrollment and referral to a collection agency.

