

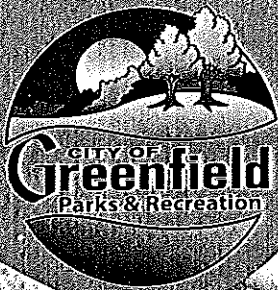


Kids Connection Before & After School 2016 - 2017

Kids Connection Features

- Experienced, Educated & Dedicated Staff
- K4 Wrap Around Option
- Auto Pay Option
- Safe Environment
- Discounted Afterschool Youth Sports Leagues (only BM participants)
- Flexible Weekly Schedule
- Individualized Homework Help
- Tax Deductible

Join the City of Greenfield Parks & Recreation and Greenfield School District in our new before and after school program, Kids Connection. Beginning June 15th, enrollment opens for the 2016-2017 school year. Kids Connection allows children from grades K4-5th to supplement their day at school with a balance of learning and fun through an array of experiences meant to inspire and set the groundwork for a lifetime of learning. Participants will explore a wide variety of supervised and age appropriate activities to develop learning, encourage imagination and promote positive social skills in this new innovative program. Kids Connection is available to all Greenfield School District Elementary students enrolled for the 2016-2017 school year.



IMAGINATIONS SOAR!

Kids Connection is available at the following schools:

- Edgewood
- Elm Dale
- Glenwood
- Maple Grove



Program Options with Fees

K4-5th Grade before and after care is available to all students attending Greenfield school district elementary schools. Program fees are based on an average for nine months of school year, September through June. Program is held Monday through Friday during the 2016-2017 school year.

Program Times:

Before School: 6:30AM– morning bell

After School: Afternoon bell– 6:00PM

K4-Wrap Around: 8:45AM-12:50PM (held at Glenwood)

Kids Connection Weekly Fees:

DAYS (per week)	1-2	3	4-5
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K4-5th grade

Before School (AM)	\$20.00	\$28.25	\$39.75
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After School (PM)	\$27.50	\$37.50	\$53.00
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Both (AM & PM)	\$42.50	\$60.25	\$80.00
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K4-Wrap Around

Morning (AM only)	\$37.50	\$50.00	\$75.00
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K4-Wrap Around Program

The K4– Wrap Around is available to all students who are attending afternoon K4 at any school. The program will be held at Glenwood school. Those who are attending another school for K4 will be bused at 12:50pm to their appropriate school. For AM care before the K4 wrap around program(6:30am-8:45am), you must register and drop off your child at Glenwood. Afternoon care can be at their designated school. When registering, please select your child's K4 designated school.

Registration

The attached Kids Connection registration form must be completed once per year with additional monthly calendars filled out each month. Monthly calendars will be handed out at each school throughout the year and must be turned into the park and recreation office by the 20th of each month for the following month's enrollment. Online registration (monthly calendar) is available after the attached Kids Connection registration form is processed and staff have given you access to online enrollment.

There are 4 ways to hand in the Kids Connection registration form:

By Mail: Mail form along with payment to: Greenfield Parks and Recreation 7325 W. Forest Home, Rm 200, Greenfield, WI 53220

By Fax: Fax form to 414-543-2369. Credit Card payment only.

Drop Box: Drop form and payment (no cash) in a sealed envelope marked Parks & Recreation Registration in the 24/7 drop box located by the south door entrance to city hall. 7325 W. Forest Home, Greenfield, WI 53220

In Person: The Parks and Recreation office is open Monday through Friday 9:00am-6:00pm. Stop by to process your registration in person or to drop off directly to our staff.

Monthly Calendars can be filled out online AFTER the Kids Connection Registration form is completely filled out and processed by the Parks and Recreation Staff.

Financial Assistance

Financial assistance available upon request. Please call the City of Greenfield Park and Recreation office for details at 414-329-5370. Additional paperwork will be required.

Daily Schedule

Each school will have a specific daily schedule that will vary for before and after school. However, the daily afternoon schedule will always include: snack, homework time, organized activities, free choice activities, and outdoor/indoor physical activities. The daily morning schedule will always include: free choice activities, and organized activities. Each activity throughout the day is created to fit the needs of the age group in the program. Some weeks throughout the year will have themes with activities that correlate. You will receive school specific information with schedule once enrolled.

Staff

All sites will have a minimum of 2 staff members on duty at all times. All staff is CPR and First Aid certified and has experience working with young children.

School's Day Out & Early Release Days

Kids Connection will run during specific school days off and all early release days. The fees are as follows: \$29 for full day off, \$39 for full days off with field trips, \$15 for half day afternoon care. More specific information will be available this fall.

Auto Pay /Installment Billing Option

There is an option on each registration form to have your monthly registration payment automatically charged on the provided credit/debit card. By checking this option and providing your card information, with signature, you give the City of Greenfield Parks and Recreation permission to automatically charge this card on the 21st of each month (or next business day). Payments each month may vary, depending on your monthly calendar choices. The monthly calendar form is due by the 20th of each month otherwise you will incur a \$15.00 late processing fee automatically. A receipt will be emailed to confirm your payment & registration once the auto pay is processed.

Contact Information

Registration and Billing Questions:

City of Greenfield Parks and Recreation

Hours: M-F 9:00am-6:00pm

Office : 414-329-5370

Email: parksrec@ci.greenfield.wi.us

Program Information Questions:

Recreation Coordinator– Laura Milkie

Office: 414-329-5333

Email: laura.milkie@greenfieldwi.us



Kid's Connection Before and After School Registration Form 2016-2017



Please print. One form per child. A new form must be filled out each school year. Circle where appropriate.

Child's Name _____ DOB: ___/___/___ Age _____ Male _____ Female _____

Address _____ Apt # _____ City _____ State _____ Zip _____

Phone Primary (_____) _____ Phone Secondary (_____) _____

School: Maple Grove Elm Dale Glenwood Edgewood Grade (Entering/Current): K4 K5 1 2 3 4 5

Would you like your child to work on homework at Kids Connection? Yes No N/A

Parent/Guardian 1 Name _____ Relationship _____ Resides with child? Yes No

Address _____ Apt # _____ City _____ State _____ Zip _____

Phone Primary _____ Phone Secondary _____

Email _____

Best way to reach you during Kids Connection? Primary Phone Secondary Phone Email Other _____

Parent/Guardian 2 Name _____ Relationship _____ Resides with child? Yes No

Address _____ Apt # _____ City _____ State _____ Zip _____

Phone Primary _____ Phone Secondary _____

Email _____

Best way to reach you during Kids Connection? Primary Phone Secondary Phone Email Other _____

Alternate Authorized Pick-up and Emergency Contact Persons— Check box if authorized pick up is emergency contact as well

Name _____ Primary Phone(_____) _____ Relationship _____

Name _____ Primary Phone(_____) _____ Relationship _____

Name _____ Primary Phone(_____) _____ Relationship _____

Health/Medical History (If something does not apply, please use N/A)

- Has your child had any of the following (circle all that apply): ADD/ADHD Asthma Autism Diabetes Epilepsy/Seizures
Cerebral Palsy/Motor Disorder Cognitively or Learning Disabled Please explain: _____
- Dietary Restrictions _____ Food/Milk Allergies _____
If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.
Gastrointestinal or feeding concerns, including special diet and supplement _____
- Non-Food Allergies _____ Status of Vision, Hearing & Speech _____
- Other Conditions requiring Special Care _____
- Triggers that may cause any of the above problems (Specify): _____
- Signs or Symptoms to watch for: _____
- Steps the childcare provider should follow: _____
- Identify any Staff to whom you gave Specialized Training/Instructions: _____
- When to call parents regarding symptoms or failure to respond to treatment: _____
- When to consider that the condition requires emergency medical care or reassessment: _____
- Additional Information that may be helpful to us: _____
- Emergency Numbers: Physician Name _____ Phone (_____) _____
Location Address _____
- Is the child currently taking any medications? ___ Yes ___ No If yes, what kind and why: _____

If medication needs to be administered during Kids Connection, a Medication Dispensing Form **MUST** be completed.

- All immunizations required for school are up to date Yes No (Exemption explanation letter required if circled no)

Behavior Questions

Activities Your Child Enjoys: _____

Please rate the questions below with scale 1(Low) and 5(High)
How Would You Rate Your Child's Comfort Level In Group Settings:
1 Low 2 3 4 5 High
How Would You Rate Your Child's Listening Skills:
1 Low 2 3 4 5 High
How Would You Rate Your Child's Ability To Adapt To New Situations:
1 Low 2 3 4 5 High

Personality Characteristics That Would Be Helpful To Know:

Is There Anything Else That We Should Know About Your Child?

When Your Child Is Experiencing A Difficult Situation, How Do They Handle It, And How Would You Advise Our Staff To Handle The Situation:

Parent/Guardian Authorization

Please initial (where applicable).

- _____ I hereby grant permission for my child to participate in the City of Greenfield Kids Connection Program. In the event of an injury requiring medical attention, I hereby grant permission to the City of Greenfield Staff to attend to my son/daughter seeking medical attention.
- _____ In the event of an emergency, I grant permission for the City of Greenfield Kids Connection staff to accompany my child to the nearest hospital by rescue squad.
- _____ I understand the City of Greenfield Parks and Recreation Department is not responsible for lost, stolen, or damaged personal articles.
- _____ I certify that my child has no health issues that would limit his/her participation in the Kids Connection program and any health or medical concerns have been disclosed.
- _____ I understand I am required to notify the City of Greenfield Parks and Recreation Staff of any changes to my child's personal information, medical history, authorized pick-up or schedule changes by submitting an Information Change Form. If my child's scheduling changes, I will submit the Information Change Form two weeks before the schedule changes. If the number of days per week is changing, I agree to pay at the time of submitting the Information Change form for the additional days, if applicable.
- _____ I understand Kids Connection fees must be prepaid monthly, in advance of service, and the failure to pay fees will result in a late fee of \$15.00 per month.

Liability Waiver

I, the undersigned or parent/guardian of the individual named above, do hereby understand that I have registered the individual named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold harmless the City of Greenfield and its employees, officers and agents from and against any and all liability. In addition, I understand that the requested programs indicated above, like all activity, have some inherent risk involved. Furthermore, the individual named herein is in good physical condition appropriate for the stated activity(ies) and that participants must assume full responsibility for injuries incurred while taking part in an activity. No accident insurance is provided by the City of Greenfield. I / We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity, and promotion relating thereto.

Parent/Legal Guardian Signature _____ Date _____

Print Name _____

Office Use Only

Form is filled out completely Waiver signed Medication Dispensing Form: given mailed on file

Processed by: _____ Date: _____

Kids Connection Monthly Calendar September 2016



Monday	Tuesday	Wednesday	Thursday	Friday
Before School: 6:30AM- Morning Bell After School: Afternoon Ball- 6:00PM K4 - Wrap Around Glenwood: 8:45AM-12:50PM				
			<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4

No School	5	6	7	8	9
<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4
No Kids Connection	12	13	14	15	16
<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4
	19	20	21	22	23
<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4
	26	27	28	29	30
<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4

Registration Form Directions

1. Please check the boxes in the calendar of which days/times your child will be attending.
2. In the chart on the right, write the dollar amount for each week according to the number of days your child will be attending after the 20th of the month, please include the \$15.00 late fee*.
3. If this sheet is submitted after the 20th of the month, please include the \$15.00 late fee*.
4. Total all fee lines and enter in the Total Amount box.
5. Select payment method.
6. Submit sheet and payment to the Parks and Rec office, in person M-F 9:00am - 6:00pm or by mail, fax, or drop box anytime to City of Greenfield Parks and Recreation, Room 200, 7325 W. Forest Home Ave., Greenfield, WI 53220. Fax #: 414-543-2369 Phone #: 414-329-5370

*Apply late fee if you submit this form and payment after the 20th of the August.
 **If you request or already have financial assistance approved, please leave total amount blank, and we will apply financial assistance internally when registering you.
 Please Note: Each month will begin on a Monday. September is the only exception.

Parent's Full Name _____
 Child's Full Name _____

School: Maple Grove Glenwood Edgewood Elm Dale
 Grade: K4 K5 1 2 3 4 5

Week 1 (Sept 1-2)	1-2 Days	3 Days	4-5 Days	FEE
Before (AM only)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.25	<input type="checkbox"/> \$39.75	\$
After (PM only)	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$53.00	\$
Before & After (Both)	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$60.25	<input type="checkbox"/> \$80.00	\$
K4 Glenwood AM	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	\$

Week 2 (Sept 6-9)	1-2 Days	3 Days	4-5 Days	FEE
Before (AM only)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.25	<input type="checkbox"/> \$39.75	\$
After (PM only)	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$53.00	\$
Before & After (Both)	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$60.25	<input type="checkbox"/> \$80.00	\$
K4 Glenwood AM	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	\$

Week 3 (Sept 12-16)	1-2 Days	3 Days	4-5 Days	FEE
Before (AM only)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.25	<input type="checkbox"/> \$39.75	\$
After (PM only)	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$53.00	\$
Before & After (Both)	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$60.25	<input type="checkbox"/> \$80.00	\$
K4 Glenwood AM	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	\$

Week 4 (Sept 19-23)	1-2 Days	3 Days	4-5 Days	FEE
Before (AM only)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.25	<input type="checkbox"/> \$39.75	\$
After (PM only)	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$53.00	\$
Before & After (Both)	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$60.25	<input type="checkbox"/> \$80.00	\$
K4 Glenwood AM	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	\$

Week 5 (Sept 26-30)	1-2 Days	3 Days	4-5 Days	FEE
Before (AM only)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.25	<input type="checkbox"/> \$39.75	\$
After (PM only)	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$53.00	\$
Before & After (Both)	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$60.25	<input type="checkbox"/> \$80.00	\$
K4 Glenwood AM	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	\$

Late Fee: \$15/Month \$ _____

Form Due August 20th

Total Amount** \$ _____

Payment Method: Cash Check (Payable to: City of Greenfield)

Auto pay (CC on File) Credit Card (Circle): Visa Master Discover

Card #: _____ Exp. ____/____

Card Holder Name: _____

Signature: _____
 Auto pay option will keep your credit/debit card on file and auto charge your monthly fee, each month on the 21st (or next business day). Details are available on the inside of this packet. Checks returned for insufficient funds will be charged a \$25.00 service fee.