

# CANNON KIDS

## 2024 SUMMER REGISTRATION FORM

Registration Fee:  
\$25.00 New Enrollment  
\$20.00 Already Enrolled  
\$60.00 Family Cap

Paid with Registration \_\_\_\_\_  
Bill CK Account \_\_\_\_\_

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

BirthDate \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: F      M

Home Phone \_\_\_\_\_

Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*\*(Email is our main way we keep families updated)\*\***

Child lives with \_\_\_\_ Both Parents \_\_\_\_ Single Parent \_\_\_\_ Mother \_\_\_\_ Father

Other: Specify \_\_\_\_\_

### Parent/Guardian Information:

Mother/Guardian's Full Name \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

(If different than child's)

Father/ Guardian's Full Name \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

(If different than child's)

## Authorized Pick Up

People listed below have my authorization to pick up my child from the program. I will inform the staff each time a special pick up is necessary.

Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

\*Children will only be released from our program when checked out by an authorized person, parent or guardian.

Persons **NOT** authorized to take children from the program. (Copies of legal documents must be provided to the program coordinator before any staff person can actively prevent non-custodial parents from picking up their child.)

1. \_\_\_\_\_

2. \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### Child's Personal Information

List all known allergies (Food, Medication, Animals, ETC):

\_\_\_\_\_

Medications child takes on a regular basis: \_\_\_\_\_

\_\_\_\_\_

If your child receives student support in the classroom, has an identified special need, behavior concerns or an IEP developed: \_\_\_\_\_

\_\_\_\_\_

Any other issues we should be aware of to help us better care for your child:

\_\_\_\_\_

## Emergency Information

Name of friends or relatives to call in case of illness or emergency if you cannot be reached:

1. \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Physician to be called in an emergency: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist to be called in an emergency: \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby grant permission for Cannon Kids staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: 1) Attempt to contact a parent or guardian. 2) Attempt to contact the child's physician. 3) Attempt to contact a parent through any of the persons listed in the emergency information you completed for us. 4) If we cannot contact you or your child's physician, we will do any or all of the following: a. call another physician or paramedics, b. Have the child taken to an emergency hospital in the company of a staff member. 5) Any expenses under 4 above, will be paid by the child's family.

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

## Administration of Medication

We administer only personal prescriptions filled by a pharmacist, with a physician's label, bearing the child's name and directions for administration. Over the counter medications (Tylenol, Advil, Ibuprofen, etc.) must be in the original container labeled for that medication. The parent must give medication to staff along with a completed "Authorized Medication Form" (physician signature required for prescriptions) which can be picked up at Cannon Kids. Over the counter medicines taken longer than 2 weeks require a physician's signature.

## Bee Sting Treatment

The staff will observe any child that is stung. Staff will call the parent if there are any complications or call 911 if the situation is considered life threatening.

Please check the appropriate space:

Yes, my child has a bee sting allergy (Please fill out the allergy action plan)

No, my child does not have a bee sting allergy

I do not know if my child has an allergy to bee stings because he/she has never been stung

## Sunscreen/Insect Repellent

Cannon Kids will provide Coppertone Kids SPF50 Sunscreen for students who run out. Parents should purchase sunscreen/insect repellent for their child, sunscreen/insect repellent must be labeled with the child's name and turned into Cannon Kids staff. Cannon Kids will distribute sunscreen/insect repellent and remind students when to apply and reapply.

Please check appropriate space:

Yes, Cannon Kids may help administer sunscreen/insect repellent to my child if requested

Yes, My child will need help administering sunscreen/insect repellent

No, Cannon Kids may not help administer sunscreen/insect repellent to my child

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

## **PERMISSION AND RELEASES**

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

Date: \_\_\_\_\_

### **FIELD TRIP AND TRANSPORTATION PERMISSION**

Field trips may be planned from time to time as part of the activities of the program. This may include walking to nearby parks, ball fields, stores etc. I understand that I will have prior notification of all field trips out of town. I give my consent for my child to take part in walking field trips and ride in school district vehicles, such as vans, for in-town trips to the library, pool, etc. under proper supervision. I also give consent for my child to partake in out of town field trips.

### **RECORDS RELEASE**

I hereby authorize Cannon Falls School District to release a copy of the above child's most recent school records, including but not limited to: immunization and physical exam records, special needs assessments, and IEPs in order to enable the Cannon Kids program to better meet the needs of my child.

### **PUBLICITY/ PHOTO POLICY**

In the event the program students are included in any newspaper, radio, or television publicity, or social media sites, I give permission for my child to be included in the pictures and the release of their name.

### **COMMUNICATION PERMISSION**

For the safety of your child it is your responsibility to inform your child, classroom teacher and Cannon Kid staff of schedule changes. Please initial to indicate acknowledgement of this policy.

### **POLICY AGREEMENT**

I have received a copy of the Parent Handbook and understand that I am responsible for the information contained in it. I recognize my responsibility to respect the rules of the Cannon Kids program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants. I agree to pay for any damages my child might cause while participating in the program

\_\_\_\_\_ YES \_\_\_\_\_ NO

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

## **CALENDAR & SCHEDULE INFORMATION**

### **MONTHLY CALENDARS**

\*Monthly calendars are due by the 15th of the month prior. Example (July calendars are due June 15th). Calendars are emailed out monthly. Paper copies are available upon request.

I am enrolling my child/children in Cannon Kids and will complete and submit a child's attendance calendar by the calendar due date. Once a calendar is submitted I am responsible for payments for the dates indicated on the calendar. There will be no refunds for calendar changes or scheduled days missed without 24 hours prior notice.

Schedule changes should be made **24 hours in advance** and should be communicated with the Cannon Kids coordinator. If the change is made less than 24 hours before the date, a "cancellation fee" will be charged on your bill (full day care will be \$35.00). Billing is done weekly and each bill is one week in the past.

I understand that I must contact Cannon Kids should I need child care on a day that my child is not scheduled. I understand that I should need services as a drop in day, if space is available. LATE ADD charge is \$6.00 along with the daily charge.

**IMPORTANT!** If your child is accepted into Cannon Kids's summer program and you are selected you will enter into a **BILLING CONTRACT** and will be **REQUIRED TO PAY FOR A MINIMUM OF TWO (2) DAYS PER WEEK** throughout the summer—regardless if your child attends less days (excludes days Cannon Kids are closed).

**\*\*ALL previous Preschool/Cannon Kids fees need to be current before registration is accepted.**

### **SUMMER FULL DAY CARE**

This full day care will be offered 6:00am-6:00pm on Monday-Friday. Cost is \$36.00/day

**Minimum:** 2 days/week = \$72.00  
3 days/week = \$108.00  
4 days/week = \$144.00  
5 days/week = \$180.00

Non-contracted summer days will be \$45.00 a day.

### **PAYMENTS**

I am responsible for full payment of child care according to my bill. Families will be billed every week and statements will be emailed out. Payments are expected by the due date on the statement; if payment is not made by the next invoice goes out, a \$15.00 late fee will be assessed. I understand that failure to make payment when the account shows two outstanding invoices may result in discounting of services.

I have read and understood the charges, and do hereby accept the terms and conditions in the Cannon Kids registration.

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

## **Cannon Kids Behavior Goals and Policies**

### **BEHAVIOR GOALS AND POLICIES**

We expect children to respect each other, the staff, and the faculty, just as staff respects each child and parent. We believe in a positive method of guidance that emphasizes the rights and needs of others, related to acceptable standards of behavior. This behavior policy is intended to maintain a positive environment where children and staff can feel safe, respected, and accepted. To promote success for your child in Cannon Kids, please review the policies with your child.

## **DESIRED BEHAVIOR- GENERAL RULES OF BEHAVIOR**

Children shall respect each other, staff and facility. We will follow the PBIS Matrix. Walk in classrooms and hallways. Quiet voices when in classrooms and hallways Use positive remarks, no negative comments or name calling. Keep hands, feet, and toys to yourself.

## **PROCESS FOR PROMOTING SUCCESS IN ALL CHILDREN**

Cannon Kids views discipline as an opportunity to teach children social skills needed to function successfully. Cannon Kids encourages appropriate behavior through clear guidelines, consistent consequences, and positive staff interaction. When working with children Cannon Kids staff remains proactive, guiding children in making good choices and redirecting them as needed.

## **PARENTS AS PARTNERS**

To be more effective in working with children Cannon Kids staff team up with parents to work on issues together. Ongoing communication between Cannon Kids, school and home promotes success for the child. When staff understands children's needs they can respond appropriately to those needs.

## **BEHAVIOR INCIDENTS AT CANNON KIDS**

When a child demonstrates consistent inappropriate behavior or needs that go beyond program expectations, staff will take every effort to remedy the problem. If their efforts do not bring success, a behavior report will be written out and signed by staff and students.

**Minor** behavior incidents will result in verbal communication from staff. Minor Behavior Includes: Inappropriate Language, Physical Contact, Defiance/Disrespect, Disruption, Property Misuse, Other

**Major** incidents will result in an incident form being written up. Major Behavior: Abusive Language, Fighting/Physical Aggression, Defiance/Disrespect, Harassment/Bullying, Vandalism, Lying/Cheating, Other

\*\*Some incidents may result in immediate suspension along with immediate pick-up of a child. This will result in a meeting between staff, the family and the director. These behaviors include those that impact safety:

- Physical injury to self or others
- Destruction of property
- Intent to run away or hide from staff

Three major write-ups will result in a meeting between staff, the family and the director - a consequence and/or plan will be determined from there. Termination of care will be considered. If we continue to see the above behaviors, the parent or guardian will be expected to take an active role in solving the problem.

In some cases the child may be suspended from the program until a behavior modification plan is developed between staff and parent/guardian. Unsuccessful attempts to modify a child's behavior could result in termination of care.

I have read, discussed with my child, and agree to abide by the above behavior guidance plan.

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