



Kankakee Valley School Corporation

12021 N 550 W

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Mission statement:

*Our mission is to guide students
to become informed, engaged
citizens, and curious, lifelong
learners.*

After-School Program

Dear Parents:

The After-School Program is a structured enrichment program available to students in Kindergarten through Grade 5 from 3:30 to 6:00 p.m. It is not available in the event of a school cancellation or early dismissal.

Students will not be allowed to walk home from the After-School Program, regardless of their proximity to the school. Parents or their designee must sign the child out and pick the child up from the program. It is important that each family establish an emergency plan for their child(ren) and make the child(ren) aware of what to do in the event the child(ren) needs to go home instead of attending the program for any reason.

PARENTS/GUARDIANS ARE RESPONSIBLE FOR WRITING AND SENDING A NOTE TO THEIR TEACHER WHEN THEIR CHILD WILL BE COMING TO THE AFTER-SCHOOL PROGRAM.

NON-REFUNDABLE FEES ARE TO BE PAID DIRECTLY TO THE AFTER-SCHOOL PROGRAM COORDINATOR:

- Children on regular lunch fees-\$56.25 for a 15-hour ticket (\$3.75 per hour)
- Children who qualify for reduced lunch fees-\$45.00 for a 15-hour ticket (\$3.00 per hour)
- Children who qualify for free lunch-\$37.50 for a 15-hour ticket (\$2.50 per hour)

Please make checks payable to the KVSC After School Program

PURCHASING A 15-HOUR TICKET IN ADVANCE IS RECOMMENDED FOR CHILDREN ATTENDING ON A REGULAR BASIS.

BALANCES SHALL BE PAID MONTHLY.

FAILURE TO PAY IN FULL FOR OVER A MONTH WILL RESULT IN SUSPENSION OF ENROLLMENT, AND YOUR CHILD(REN) WILL NOT BE ABLE TO ATTEND UNTIL THE BALANCE IS PAID IN FULL

Children must first be enrolled to attend the After-School Program. If you are late picking up your child(ren), an additional fee of \$1.00 per minute per child will be charged. If you cannot pick up your child(ren) by the 6:00 p.m. deadline, please make other arrangements for your child(ren) to be picked up.

Children are encouraged to do their homework while in the program.

We provide a snack and allow use of the playground, weather permitting, and the gymnasium.

**KANKAKEE VALLEY AFTER-SCHOOL PROGRAM
STUDENT ENROLLMENT FORM**

Child's First Name: _____ Child's Last Name: _____ Nickname: _____
Child's Birth Date: _____ Age: _____ Gender: ___ Male ___ Female
Grade: _____ Room# _____ Teacher: _____ Bus# _____

Would you like your child(ren) to work on his/her/their homework while at the program: Yes ___ No ___
No Preference ___

Does your child(ren) qualify for free or reduced lunch? If yes, please circle one: REDUCED or FREE

Parent/Guardian Full Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian #1

First Name: _____ Last Name: _____
Employer: _____
Work Phone: _____ Cell Phone: _____

Parent/Guardian #2

First Name: _____ Last Name: _____
Employer: _____
Work Phone: _____ Cell Phone: _____

List Individuals Authorized to Pick Up Your Child(ren) From the After-School Program:

Name: _____ Phone: _____
Name: _____ Phone: _____

Emergency Contacts:

Name: _____ Phone: _____
Name: _____ Phone: _____

Medical Information:

Doctor's Name: _____ Phone: _____

Does your child have any allergies? Yes ___ No ___
If yes, please list: _____

Is your child on any medications? Yes ___ No ___
If yes, please list: _____

Is your child on a special diet? Yes ___ No ___
If yes, please describe: _____

Preferred hospital in the event of an emergency: _____