



Kankakee Valley School Corporation

12021 N 550 W

PO Box 278

Wheatfield, Indiana 46392-0278

Telephone: 219-987-4711

Fax: 219-987-4710

Mission statement:

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

Kankakee Valley School Corporation Before-School Program

Dear Parents:

Kankakee Valley School Corporation offers a Before-School Program for KVSC students in grades Kindergarten through Fifth. It is held at Kankakee Valley Intermediate School, 12345 N 550 W, Wheatfield, from 6:30 to 8:00 a.m. on a regular school day and 8:30 to 10:00 a.m. on a two-hour delay day.

The fees charged will be as follows:

Children who pay regular lunch fees	\$56.25 for a 15-hour ticket (\$3.75 per hour)
Children who pay reduced lunch fees	\$45 for a 15-hour ticket (\$3.00 per hour)
Children who receive free lunch	\$37.50 for a 15-hour ticket (\$2.50 per hour)

Please keep in mind...

- Purchasing a 15-hour ticket in advance is recommended for students attending on a regular basis.
- Non-refundable fees are to be paid directly to the Before-School Program Director.
- Checks should be made out to the Kankakee Valley Before-School Program.
- Applications with payment are due by August 1st of each school year.
- 'Cold drops' will not be allowed; students must be registered ahead of time.
- **Balances should be paid monthly and must be paid before school is out.** If your account carries a balance at the end of the school year, your child(ren) will not be allowed to return to the Before-School Program until this obligation is met.

Kankakee Valley Before-School Program Student Enrollment Form

Please indicate the student's home school: DES WES KVIS

Please print:

First name: _____ Last name: _____

Birth date: _____ Age: _____ Gender: Male / Female (*Please circle one*)

Grade: _____ Room #: _____ Teacher: _____ Bus: _____

Do you want your child to do homework in the Before-School Program? Yes No No preference
Is your child on a lunch program? No Yes If yes, *please circle one*: Reduced Free

Parent/Guardian's name: _____

Address: _____

City: _____ State: _____ Zip code _____

Home phone: _____ Email: _____

Parent #1

First name: _____

Last name: _____

Employer: _____

Work phone: _____

Cell phone: _____

Marital status: _____

Parent #2

First name: _____

Last name: _____

Employer: _____

Work phone: _____

Cell phone: _____

Marital status: _____

Emergency contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical information

Doctor's name: _____ Phone: _____

Does your child have any allergies? Yes No

If yes, please describe: _____

Is your child on any medications? Yes No

If yes, please describe: _____

Is your child on any medications? Yes No

If yes, please describe: _____

Preferred hospital in the event of an emergency: _____