

# KIDKARE

**Before/After School Care for Children  
4 years & 9 months to 12 years of age**

## LOCATION:

**Moccasin School, 410 Moccasin St. Buchanan, MI  
Room# 106**

***(Bus shuttle service provided to Ottawa and Middle School)***

**\* \* \* \* REGISTER NOW FOR THE UPCOMING SCHOOL YEAR \* \* \* \***

You may register your child by filling out the registration form and paying the annual \$35.00 per family non-refundable registration fee. Registration forms are available at Ottawa Elementary, Moccasin Elementary and Buchanan Middle School or online at [www.BuchananSchools.com](http://www.BuchananSchools.com)

## FEES

Fees are charged on the basis of enrollment, not attendance (no refunds). Payments are due on the Monday prior to actual use of the program. Late payments after Monday will be charged a late fee of \$3.00 per day. Please make checks payable to Buchanan Community Schools. There will be a \$20.00 charge for all returned checks. D.H.S. accepted.

### Fee Structure Per Day

**\$10.00 (6:30 a.m. – until school begins)  
\$10.00 (2:45 p.m. – until 6:00 p.m.)  
(20% discount for each additional child)**

## PLEASE BE AWARE

- KidKare will be available on certain, but NOT all, scheduled half days of school.
- KidKare will be closed on all scheduled holiday breaks and snow days.
- KidKare will be closed during spring break and winter break. KidKare will be open during its regularly scheduled hours for early release and late start days.

**FOR INFORMATION CALL: 695-8446 or 695-8408, extension 40106**

**\*\*PLEASE KEEP THIS SHEET FOR YOUR RECORDS\*\***



## KIDKARE REGISTRATION FORM

A.M. ONLY \_\_\_\_\_ M T W TH F  
P.M. ONLY \_\_\_\_\_ M T W TH F PICK UP TIME \_\_\_\_\_  
(Circle days needed)

CHILD'S NAME: \_\_\_\_\_

SCHOOL \_\_\_\_\_ Age \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

Please list two family friends or neighbors that your child could go to in case they should become ill or there is an emergency closing at school.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or special medical needs: \_\_\_\_\_

My signature below confirms that my child's Information Records form has been filled out and is currently on file with KidKare. By signing below, I am confirming my child is in good health. I also acknowledge that it is my responsibility to notify KidKare of any special medical needs my child might have. I also authorize the staff at KidKare to seek any emergency medical care if needed and waive, release absolve, indemnify and agree to hold harmless the Buchanan Community Schools and KidKare staff from any claims arising from injury to my child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**\$35 Registration fee due with registration form.**