

BEFORE & AFTER SCHOOL CARE FOR CHILDREN

AGES 4 AND 9 MONTHS THROUGH 12

LOCATION

KIDKARE is located at Moccasin Elementary School | 410 Moccasin Street | Buchanan, MI
Room #106

Bus service is provided to and from Ottawa and Buchanan Middle School.

REGISTRATION

You may register your child by completing the Preregistration Form and paying the annual \$35 per family nonrefundable registration fee. Preregistration forms are available to Ottawa Elementary, Moccasin Elementary, Buchanan Middle School or online at www.buchananschools.com.

FEES

Fees are charged on the basis of enrollment, not attendance.

Payments are due on the Monday prior to the actual use of the program.

Late payments after Monday will be charged a fee of an extra \$3 per day.

Checks can be made to Buchanan Community Schools.

There will be a \$20 charge for all returned checks.

D.H.S. accepted.

FEE STRUCTURE PER DAY

\$10	6:30am until school begins	20% discount for each additional child.
\$10	2:45pm - 6:00pm	
\$20	Half-day Afternoons	

IMPORTANT INFORMATION

KIDKARE will be available on certain, but NOT all, half-days of school.

KIDKARE will be closed on all scheduled holiday breaks and snow days.

KIDKARE will be closed during winter break and spring break.

KIDKARE will be open during its regularly scheduled hours for early release and late start days.

QUESTIONS?

Please call 269-695-8446.



KIDKARE PREREGISTRATION

\$35 Registration Fee due with Preregistration Form

DAYS NEEDED (Check days needed.)

AM	<input type="checkbox"/>				
	M	T	W	TH	F
PM	<input type="checkbox"/>				
	M	T	W	TH	F

DATE OF PREREGISTRATION

 / /

Day Details :
(if needed)

PERSONAL INFORMATION

Child's Name :

School : Grade : Age :

Home Address :

Parent/Guardian Name : Cell Phone :

Parent/Guardian Name : Cell Phone :

EMERGENCY CONTACTS

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 : Phone :

Address :

Name : Phone :

Address :

ALLERGIES OR SPECIAL MEDICAL NEEDS

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 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/Guardian Signature

THANK YOU FOR PREREGISTERING