



# King Street Center Kindergarten-5<sup>th</sup> Grade Hybrid Program Registration

Updated on: \_\_\_\_\_

## Fee and Payment Information

Our fee for the K-5 Hybrid Program is **\$125 per week**. Participant fees are an important source of support for our program. We strive to work with families to reduce the cost of programs so that access is equitable to all children. In order to do this we offer several ways to reduce costs to families. These include State Childcare Subsidy, scholarships, and sliding scale rates based on income. To help us determine the right fit for your family please answer the following questions to the best of your ability.

### Annual Household Income:

Your Annual Household Income is the sum of any income earned by members of your household before taxes. This total should include income like, social security, financial aid, and unemployment compensation. Please check the box of the income range that matches your household.

- € 0-4,999
- € 5,000-9,999
- € 10,000-14,999
- € 15,000-19,999
- € 20,000-24,999
- € 25,000-29,999
- € 30,000-34,999
- € 35,000-39,999
- € 40,000-44,999
- € 45,000-50,000
- € 50,000 +

### Attendance Information:

The K-5 Hybrid Program runs from 9:00am – 3:00pm on an AB schedule (Mondays/Thursdays or Tuesdays/Fridays) and alternating Wednesdays.

Please mark the days your child will be attending school.

- Mondays and Thursdays
- Tuesdays and Fridays

I am interested in learning more about mentoring services offered to my child.

### Payment Plan:

Please check the box(es) that indicate the payment plan that works for your family.

- I will pay the full fee.
- I have CDD Subsidy through Child Care Resource **and** will provide a copy of my certificate to King Street.
- I would like to apply for CDD subsidy through Child Care Resource.
- I would like help applying for CDD subsidy through Child Care Resource.
- I have applied for CDD subsidy but, am not eligible. *Approximate date of application* \_\_\_\_\_
- I would like to apply for financial assistance through King Street Center. Financial assistance is a sliding scaled based on income. All families who are approved will still be required to pay a weekly fee.

**Is there any other information you would like to provide regarding income or payment plan eligibility?**

\_\_\_\_\_



## King Street Center Kindergarten-5<sup>th</sup> Grade Hybrid Program Registration

Updated on: \_\_\_\_\_

<b>Child Information</b>	
First Name:	Last Name:
Date of Birth:	
Nickname/ Preferred Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity: <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Other: _____	Language:  At home, our family speaks (please list primary language)  _____  Would your family like an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Child's School:	Grade for 2019-2020 School Year:

<b>Parent/ Guardian Information</b>			
<b>Parent/ Guardian 1</b>		<b>Parent/ Guardian 2</b>	
First Name:	Last Name:	First Name:	Last Name:
Date of Birth	Relationship to child: <input type="checkbox"/> mother/father <input type="checkbox"/> guardian <input type="checkbox"/> foster mother/father <input type="checkbox"/> other: _____	Date of Birth	Relationship to child: <input type="checkbox"/> mother/father <input type="checkbox"/> guardian <input type="checkbox"/> foster mother/father <input type="checkbox"/> other: _____
Address:		Address:	
Cell Phone:		Cell Phone:	
Home Phone:		Home Phone:	
Email:		Email:	
Place of Employment:		Place of Employment:	
Work Phone Number:		Work Phone Number:	
Lives in child's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives in child's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Were you born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Note, this information <b>will not</b> impact your child's enrollment in the program and <b>will not</b> be shared outside of King Street Center.		*Note, this information <b>will not</b> impact your child's enrollment in the program and <b>will not</b> be shared outside of King Street Center.	



## King Street Center Kindergarten-5<sup>th</sup> Grade Hybrid Program Registration

Updated on: \_\_\_\_\_

Are there court orders or custody/visitation arrangements in place that we should be aware of? Please explain.

---



---

### Household Information

Please list all persons living in the home with the family who were not listed previously...

Name	Age	Relationship to Child	Permitted to pick up child	Enrolled at King Street Center
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes



## King Street Center Kindergarten-5<sup>th</sup> Grade Hybrid Program Registration

Updated on: \_\_\_\_\_

		<input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> No	<input type="checkbox"/> No
--	--	---	-----------------------------	-----------------------------

### Child Pick Up & Emergency Contact Information

I give permission for my child to be released to the following people for the purposes of pick-up and/ or transportation to/from King Street Center. I understand that my child will only be released to persons identified on the following list. Anyone who is unknown to King Street Center staff must show identification.

I understand that **Emergency Contacts** must be able to transport children in the event of an emergency if the parent or legal guardian cannot be reached. Emergency contacts must be aware they are designated as such on this form. Emergency contacts unknown to King Street Center Staff must produce identification before the child is released.

Contact 1	Contact 2	Contact 3	Contact 4
Name:	Name:	Name:	Name:
Relationship to child:	Relationship to child:	Relationship to child:	Relationship to child:
Cell Phone #	Cell Phone #	Cell Phone #	Cell Phone #
Work/ Home Phone #	Work/ Home Phone #	Work/ Home Phone #	Work/ Home Phone #
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Family Needs

**Please describe any current circumstances or needs impacting your family:**

---



---



---

**Please indicate which of the following (if any) apply to your child:**

- Individualized Education Program (IEP); please list **name of Special Educator** \_\_\_\_\_
- 504 Plan





## King Street Center Kindergarten-5<sup>th</sup> Grade Hybrid Program Registration

Updated on: \_\_\_\_\_

In the event my child becomes seriously ill or injured, I authorize emergency medical care and give permission to the staff or medical personnel to transport my child if necessary.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

### Parental Agreement

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

I give my consent for my child to take part in field trips with notification and under proper supervision. I understand that these trips may involve my child walking in Burlington with an adult or require transportation by King Street school bus, city bus, or taxi cabs.  Yes  No

I give my permission for my child to be photographed or videotaped by King Street Center and/or partner agencies for media events, publications, or educational purposes.  Yes  No

I give my permission for my child to participate in a wading/swimming activity with proper supervision.  Yes  No

*My child's swimming ability is:*

Not comfortable in water       Comfortable in water       Has had swimming lessons

I give permission for my child to watch PG rated movies at King Street Center or on field trips.  Yes  No

I understand that I will be contacted should my child become ill, and that if I cannot be reached, the name(s) listed under "Emergency Contacts" will be called to come and pick up my child.  Yes  No

I give permission to King Street Center to apply sunscreen/ insect repellent to my child as needed.  Yes  No

I give my permission for my child to walk home from the center without adult supervision.  Yes  No

In the event of an emergency or safety related issue at King Street Center, a safety message will be issued by the VTALERT notification system via phone, text, and/or email. Please indicate consent for these types of notifications:  Yes  No

I accept full responsibility for my child and any sibling whenever I am physically present at King Street Center (when dropping off or picking up my child) or at any King Street event.



## King Street Center Kindergarten-5<sup>th</sup> Grade Hybrid Program Registration

Updated on: \_\_\_\_\_

I am fully aware of the risk inherent and give my consent for the above named child to participate in the programs offered by King Street Center. I agree to hold harmless King Street Center, its employees, elected officials, or any volunteers or instructors, from any and all liability from any injury, claims, costs, or loss of services which might be incurred by participation in said programs, activities, or events.

I understand that the law mandates King Street staff to report any suspected child abuse or neglect to the Department for Children and Families.

Please sign below to indicate your understanding of these statements and the above listed permissions:

\_\_\_\_\_

Signature of Parent/ Guardian

\_\_\_\_\_

Date