



Dear Parents & Students,

Welcome to the Dells/Delton Parks & Recreation 2023- 2024 Kidz Klub Afterschool Program. Our program will run from September 5, 2023 until May 31, 2024. Kidz Klub is open Mondays- Fridays until 5:30pm.

*Days/times subject to change based on attendance levels

At this time, the program will only take place at Spring Hill Elementary School. Ages that can attend are grades 4K-5th within the Wisconsin Dells School District.

***This program will only take place IF/WHEN school is hosting in-person classes**

Daily Activities

A typical day of the Afterschool Program consists of homework/reading time, snack time (included in fee), a structured activity or craft, occasional field trips, group games, and recreational time.

Daily Fee and Early Release Days

Daily fee per day is \$6 for the first child, \$5 for the second and \$4 for the 3rd child in the family.

Early Release fee per child is \$12. On these days school releases children at 12:30pm & we will have a special program and/or field trip. Snack and any activities/field trips will be included in the fee. You must be signed up for Kidz Klub at least once a week to qualify for these Wednesdays.

Payment

Monthly calendars and payments are due every month on the 20th prior to the month you are signing up for.

Ex) October's calendar and payment are due on the 20th of September. You may however turn in your calendars as early as you wish; the earlier, the better in order to prepare for upcoming field trips and activities.

Policy and Procedure Manual

Please go through and review the Kidz Klub Policy and Procedure Manual. If you have any questions regarding any policy please contact the Recreation Coordinator. Lastly, please fill out and turn in all of the required forms before the first day your child attends the program.

Required Forms

- a. Registration Forms
- b. Transportation Permission Slip
- c. Health History and Emergency Care Plan
- d. Authorization to Administer Medication (if needed)
- e. Student Immunization Records
- f. Afterschool Monthly Sign-Up Calendars

Abby Schultz – Recreation Coordinator

Office Phone – 608-254-4818

Kidz Klub Spring Hill Site Phone – 608-432-4968

Fax – 608-254-7329

Email – reccordinator@dellsparkandrec.com

KEEP THIS PAGE FOR YOUR RECORDS!

***Drop off forms at 722 Michigan Avenue (our mailbox is also a drop box) or email forms to reccordinator@dellsparkandrec.com.**

**Dells/Delton Parks & Recreation Department
Kidz Klub After School Program
Registration Form**

CHILD INFORMATION

Name: _____ D.O.B. _____
Last First MI MM/DD/YYYY

Home Address: _____
Street City Zip

Home Phone: _____ Email: _____
Grade: _____ Gender: Male Female

Township: (Please Check)	
<input type="checkbox"/> Dell Prairie	<input type="checkbox"/> Dellona
<input type="checkbox"/> Delton	<input type="checkbox"/> Lake Delton
<input type="checkbox"/> Newport	<input type="checkbox"/> Wisconsin Dells
<input type="checkbox"/> Other (Please Specify) _____	

PARENT/GUARDIAN – All parents/guardians are permitted to visit during program hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order if any.

1. Relationship to Child: Mother Father Guardian

Name: _____ Cell Phone: _____
Last First

Home Address: _____ Home Phone: _____
Street City Zip

Place of Employment and Work Phone # **OR**
Where Reachable While Child is in Program: _____

2. Relationship to Child: Mother Father Guardian

Name: _____ Cell Phone: _____
Last First

Home Address: _____ Home Phone: _____
Street City Zip

Place of Employment and Work Phone # **OR**
Where Reachable While Child is in Program: _____

3. Relationship to Child: Mother Father Guardian

Name: _____ Cell Phone: _____
Last First

Home Address: _____ Home Phone: _____
Street City Zip

Place of Employment and Work Phone # **OR**
Where Reachable While Child is in Program: _____

Child Resides With: Mother Father Both Other: _____

Persons Other Than Parents/Guardians Who Are Authorized to Pick Up Child - if no one, check "None"

1. Relationship to Child: Aunt Uncle Family Friend Grandma Grandpa NONE

Name: _____ Cell Phone: _____
Last First

Home Address: _____ Home Phone: _____
Street City Zip

Place of Employment and Work Phone # **OR**
Where Reachable While Child is in Program: _____

2. Relationship to Child: Aunt Uncle Family Friend Grandma Grandpa

Name: _____ Cell Phone: _____
Last First

Home Address: _____ Home Phone: _____
Street City Zip

Place of Employment and Work Phone # **OR**
Where Reachable While Child is in Program: _____

Emergency Contact – List information of person to contact when mother, father or guardian cannot be reached.

1. Relationship to Child: Aunt Uncle Family Friend Grandma Grandpa

Name: _____ Cell Phone: _____
Last First

Home Address: _____ Home Phone: _____
Street City Zip

Place of Employment and Work Phone # **OR**
Where Reachable While Child is in Program: _____

2. Relationship to Child: Aunt Uncle Family Friend Grandma Grandpa

Name: _____ Cell Phone: _____
Last First

Home Address: _____ Home Phone: _____
Street City Zip

Place of Employment and Work Phone # **OR**
Where Reachable While Child is in Program: _____

PHYSICIAN OR MEDICAL FACILITY

Name _____ Address _____
Street City Zip

Telephone _____

AUTHORIZATION

YES NO I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

YES NO I have read and understand the policies of the Kidz Klub after school program. I also understand the fee and payment structure and agree to pay for my child’s participation in the programs in a timely manner.

Authorization to Participate

I give permission for my child to participate in the Wisconsin Dells Kidz Klub program and all activities including off premises field trips. I assume all risks as hazards incidental to the conduct of this program. I hereby certify that my child is in normal health and capable of safe participation in the City of Wisconsin Dells Kidz Klub program.

Authorization for Photos

I give permission for the City of Wisconsin Dells to take photos of my child while participating in City of Wisconsin Dells & Lake Delton Parks and Recreation Department programs. I understand that these pictures may be used for promotional reasons.

Signature of Parent or Guardian

Date

<p>OFFICE USE ONLY Registration Date:</p>

**Dells/Delton Parks & Recreation Department
Kidz Klub After School Program
Transportation Permission Slip**

I/we, _____, hereby give permission for _____
Parent/Guardian Name of Child

to be transported to and from Spring Hill School to the designated field trip locations for the Kidz Klub After School Program

Date: _____

Parent/Guardian Signature
Print Name: _____

Parent/Guardian Signature
Print Name: _____

Daytime Phone: _____

Daytime Phone: _____

Evening Phone: _____

Evening Phone: _____

WAIVER OF LIABILITY

The undersigned, in consideration of the City of Wisconsin Dells allowing _____ hereinafter "my child") to be transported by the "Lamers" Charter Bus, the "Original Wisconsin Ducks," and/or the Wisconsin Dells Taxi Company to the various field trip locations, I/we acknowledge that such transportation by bus/shuttle can, as with all transportation, be hazardous with risk of accident, rollover, diesel fume exposure, personal injury, destruction of personal property, fire, emotional trauma among other injuries. I also understand that lack of seat belts may exacerbate these injuries and damage.

I/we hereby release the City of Wisconsin Dells, its employees, officials and agents against any loss, damage, or expense arising from any actual or claimed death or injury or damage to property, whether owned by myself, my child, the City, or third parties, including loss of use, which actually or allegedly results from, or actually or allegedly arises in connection with the above transportation, including any such injury, death, or damage caused in whole or in part by the negligence of the City, its employees, officials and agents.

I/we have had the opportunity to review this release and to negotiate this waiver and I/we sign this waiver on behalf of myself and my child.

Date: _____

Parent/Guardian Signature
Print Name: _____

Parent/Guardian Signature
Print Name: _____

City of WDL Parks and Recreation Department
 PO Box 655
 Wisconsin Dells, WI 53965

City of Wisconsin Dells Kidz Klub
Health History and Emergency Care Plan
Please complete both sides of this form

Instructions: The parent/guardian must complete this form for placement in the child's file prior to the child's first day of attendance. A periodic review by parents, guardians and staff is recommended. Information contained on the form shall be shared with any person caring for the child.

CHILD INFORMATION			
Name (Last, First, MI)		Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)	
PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.			
Name (Last, First, MI)	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cell
Name (Last, First, MI)	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cell
PHYSICIAN / MEDICAL FACILITY INFORMATION			
Name – Physician	Address – Medical Facility		Telephone Number
Medical Questions			
Does your child have any food allergies? – Please Specify			
Does your child have any other allergies? – Please Specify			

-Other Side-

Check any special medical condition(s) that you child may have.

No Specific Medical Condition

Asthma Diabetes Epilepsy/seizure disorder Gastrointestinal or feeding concerns including special diet and supplements

Cerebral palsy/motor disorder Emotional/behavior disorder including ADD or ADHD

Other condition(s) requiring special care – Please Specify

Triggers that you child may have that could cause problems. – Please Specify

Signs or symptoms to watch for. – Please Specify

Steps the child care provider should follow. If medications are necessary, the Authorization to Administer Medication should be attached to this form.

- 1.
- 2.
- 3.

When to call parents regarding symptoms or failure to respond to treatment.

When to consider that the condition requires emergency medical care or reassessment.

Please add any additional information that may be helpful to the childcare provider.

SIGNATURE – Parent or Guardian

Date Signed

Any Review Dates: _____

Authorization to Administer Medication - Child Care Centers Instructions For Use

Use of form: This form is mandatory for licensed family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for group child care centers, day camps, and certified providers; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a., DCF 252.44(6)(e)1.a., and DCF 202.08(4)(f)2.b. Wis. Admin. Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: When a parent is requesting that the provider administer prescription or non-prescription medication to a child in care, this form shall be completed and signed by the parent or guardian before any medication is administered. A separate form shall be used for each medication. Place the form in the child's file when the medication is no longer required / authorized. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

CERTIFIED CHILD CARE OPERATORS

This form is voluntary for certified providers; however, completion of *Page 1 Medication Information and Authorization* and *Page 2 Documentation of Medication Administration - Certified Child Care Providers* meets the requirements of DCF 202.08(4)(f)2.b., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign *Page 1 Medication Information and Authorization*. Record administration of the authorized medication in the spaces provided on *Page 2 Documentation of Medication Administration - Certified Child Care Providers*. Lines should not be skipped.

LICENSED FAMILY CHILD CARE CENTERS:

Page 1 Medication Information and Authorization is mandatory for licensed family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement.

Have the child's parent or guardian complete and sign *Page 1 Medication Information and Authorization*.

Page 2 Documentation of Medication Administration - Certified Child Care Providers, is only for use by certified child care providers. It is not used by Family Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Center Medication and Injury Log - Directions for Use* available from the Child Care Information Center website as part of the Appendix J Resource List.

LICENSED GROUP CHILD CARE AND DAY CAMPS:

Page 1 Medication Information and Authorization is voluntary for group child care centers and day camps; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a. and DCF 252.44(6)(e)1.a., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign *Page 1 Medication Information and Authorization*.

Page 2 Documentation of Medication Administration - Certified Child Care Providers, is only for use by certified child care providers. It is not used by Group Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Center Medication and Injury Log - Directions for Use* available from the Child Care Information Center website as part of the Appendix J Resource List.

**Authorization to Administer Medication – Child Care Centers
Medication Information and Authorization**

A. FACILITY AND CHILD INFORMATION

Child Care Center Name

Child Name

Birthdate (mm/dd/yyyy)

B. MEDICATION INFORMATION: Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes," I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

OTC Medication Name

Parent Initials

Additional information / special instructions / contraindications – Specify.

C. AUTHORIZATION

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

SIGNATURE – Parent or Guardian

Date Signed

September 2023

Afterschool Sign-Up Calendar

Name of Child _____

*Time for Kidz Klub is right after school until 5:30pm

**Place an "X" in the box for each day your child will be attending Kidz Klub

- Please fill out one sheet for each child participating

*** If you sign up for Early Release Days, you must sign up for one other day in that week

- \$12 per Early Release Day, per child

Monday	Tuesday	Wednesday	Thursday	Friday
4 NO KIDZ KLUB! 	5	6	7	8
11	12	13	14	15 NO KIDZ KLUB! 
18	19	20	21	22
25	26	27 Early Release: Country Bumpkin	28	29

Total Balance Worksheet

1st Child _____ days x \$6.00/day = \$ _____

2nd Child _____ days x \$5.00/day = \$ _____

3rd Child _____ days x \$4.00/day = \$ _____

EARLY RELEASE FIELD TRIP DAY: # of Children _____ x \$12 = \$ _____

Total = \$ _____

October 2023

After School Sign-Up Calendar

Name of Child _____

*Time for Kidz Klub is right after school until 5:30pm

**Place an "X" in the box for each day your child will be attending Kidz Klub

- Please fill out one sheet for each child participating

*** If you sign up for Early Release Days, you must sign up for one other day in that week

- \$12 per Early Release Day, per child

Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
9	10	11 Early Release Day	12	13
16	17	18 Early Release Day	19	20
23	24	25	26	27 NO KIDZ KLUB! 
30	31 NO KIDZ KLUB! 			

Total Balance Worksheet

1st Child _____ days x \$6.00/day = \$ _____

2nd Child _____ days x \$5.00/day = \$ _____

3rd Child _____ days x \$4.00/day = \$ _____

EARLY RELEASE FIELD TRIP DAY(S): # of Children _____ x # of Days _____ x \$12 = \$ _____

Total = \$ _____

November 2023

After School Sign-Up Calendar

Name of Child _____




*Time for Kidz Klub is right after school until 5:30pm

**Place an "X" in the box for each day your child will be attending Kidz Klub

- Please fill out one sheet for each child participating

*** If you sign up for Early Release Days, you must sign up for one other day in that week

- \$12 per Early Release Day, per child

Monday	Tuesday	Wednesday	Thursday	Friday
		1 <u>Early Release Day</u>	2	3 NO KIDZ KLUB! 
6	7	8	9	10
13	14	15 <u>Early Release Day</u>	16	17
20	21	22 NO KIDZ KLUB! 	23 NO KIDZ KLUB! HAPPY  THANKSGIVING	24 NO KIDZ KLUB! 
27	28	29	30	

Total Balance Worksheet

1st Child _____ days x \$6.00/day = \$ _____

2nd Child _____ days x \$5.00/day = \$ _____

3rd Child _____ days x \$4.00/day = \$ _____

EARLY RELEASE FIELD TRIP DAY(S): # of Children _____ x # of Days _____ x \$12 = \$ _____

Total = \$ _____

December 2023

After School Sign-Up Calendar

Name of Child _____

*Time for Kidz Klub is right after school until 5:30pm

**Place an "X" in the box for each day your child will be attending Kidz Klub

- Please fill out one sheet for each child participating

*** If you sign up for Early Release Days, you must sign up for one other day in that week

- \$12 per Early Release Day, per child

Monday	Tuesday	Wednesday	Thursday	Friday
				1
4	5	6 Early Release Day	7	8
11	12	13	14	15
18	19	20	21	22 NO KIDZ KLUB! 
25 NO KIDZ KLUB! 	26 NO KIDZ KLUB! 	27 NO KIDZ KLUB! 	28 NO KIDZ KLUB! 	29 NO KIDZ KLUB! 

Total Balance Worksheet

1st Child _____ days x \$6.00/day = \$ _____

2nd Child _____ days x \$5.00/day = \$ _____

3rd Child _____ days x \$4.00/day = \$ _____

EARLY RELEASE FIELD TRIP DAY(S): # of Children _____ x # of Days _____ x \$12 = \$ _____

Total = \$ _____