Dear Kids Kare Parents: WELCOME!

A few notes for families new to Kids Kare!

CHANGE OF CLOTHES: For younger students, please have a change of clothes in their backpack in case of an accident. We allow bathroom breaks at any time but often children don't want to break away from their activities and bathroom accidents can happen. We want to always have your child comfortable and quick changes when necessary can achieve that!

Also, any student can change from their uniform to (school appropriate) play clothes.

Snacks: We break for snack around 3:45 – 4:00 each day and provide a small snack along with water. If you wish to send an additional snack for your child you are welcome to do so.

Dismissal: When you arrive at St. Christopher's to pick up your child, you need only to text or call the Kids Kare cell phone #716-364-5794. We will have your child gather his/her belongings and bring them to the Link door along with the sign-out sheet. Please — especially in the beginning of the school year, bring your driver's license with you for identification purposes until all Kids Kare staff recognize you!

Parents – if your child is returning to Kids Kare and you have previously filled out and returned a Kids Kare registration form, you only need to resubmit IF THERE ARE ANY CHANGES TO PHONE CONTACT NUMBERS, PERSONS ALLOWED TO (OR NOT ALLOWED) TO PICK UP YOUR CHILD(REN) – OR ANY PERTINENT INFORMATION YOU WISH TO HAVE ON RECORD.

KIDS KARE AFTER SCHOOL PROGRAM 2025-2026

Grades PreK-3 ~ 8

Phone: 693-5604 before 3:15pm (KK cell phone after 3:15pm 716-364-5794)

St. Christopher School After School Program offers a safe, happy and well supervised environment where children can play and work. The program is available to students in grades Pre K-3 to grade 8 each school day until 5:30 pm. Late pick-ups (after 5:30 pm will result in a penalty charge (see below).

LATE FEE: any pick up after 5:30 pm; \$1.00 additional per minute.

PAYMENT FOR KIDS KARE WILL BE DEDUCTED MONTHLY THROUGH <u>FACTS</u>.
CHARGES ARE BASED ON STUDENT DAILY SIGN-IN SHEET.

BILLING HANDLED THROUGH RECTORY OFFICE. ALL QUESTIONS REGARDING BILLING SHOULD BE ADDRESSED TO SHARI INGRAHAM @ 692-2660 X 329.

Participation Guidelines & Payment Information

Registration Form must be on file prior to the first day of attendance. Please send this form to the school office attention: Kids Kare ~ ASAP.

- Calendars that request participation in Kids Kare for your child are located on the website monthly. Please fill out a calendar each month indicating the days you anticipate your child/ren would need to attend Kids Kare so adequate staffing can be achieved.
- 2. ALL KIDS KARE PAYMENTS MUST BE CURRENT IN ORDER TO MAINTAIN ENROLLMENT IN THE PROGRAM.

If the balance is NOT current the following measures will be implemented:

1. Parent is responsible for contacting the school bookkeeper, Shari Ingraham @ 692-2660 x329 for any questions concerning payments or to make arrangements, including for end-of-year statements.

- 2. If payment arrangements are not met, families agree to reimburse St. Christopher School for fees from any collection agency, which may be based on a percentage at a maximum of 33% of the debt and all costs and expenses, including reasonable attorney's fees occurring in such collection efforts.
- 3. The child/ren will not attend Kids Kare until the balance has been remitted. Re-registration in subsequent years in the Kids Kare Program may be jeopardized and will require a conference with administration for the child/ren to be reinstated.
- 4. I also understand if funds are not available for withdrawal, a \$25 insufficient Funds Fee will be incurred. This fee also applies to checks that have bounced.

KIDS KARE REGISTRATION INFORMATION 2025 - 2026

Child's name:	Teacher:
Parents/Guardians:	
Address:	
City: Zip:	
Email Address:	
Mother's Cell #: Fath	er's Cell#
Mother's Employer:	Work phone #
Father's Employer:	Work phone #
Names of Children needing Kids Kare program:	
	Grade
	Grade
Please list ALL persons ALLOWED to pick up yo Parents/Guardians names if they will be picking	
Relationship	Phone #

	Relationship	
	Relationship	Phone #
If Parents/Guardian	s cannot be reached, who should	l be called in an Emergenc
Name	Relationship	Phone #
PLEASE LIST ANY	Relationship ALLERGIES (specify which ch we should be aware of:	
PLEASE LIST ANY	ALLERGIES (specify which ch	
PLEASE LIST ANY conditions which	ALLERGIES (specify which ch we should be aware of:	ild ~ or any other
PLEASE LIST ANY conditions which	ALLERGIES (specify which ch	ild ~ or any other provided for Kids Kare
PLEASE LIST ANY conditions which	ALLERGIES (specify which ch we should be aware of: ires an EpiPen, one MUST be	ild ~ or any other provided for Kids Kare
PLEASE LIST ANY conditions which If your child requuse only and will	ALLERGIES (specify which ch we should be aware of: ires an EpiPen, one MUST be	ild ~ or any other provided for Kids Kare are staff.

By signing this registration form you are giving your permission for emergency medical treatment for your son/daughter should the need arise.