



**Before and After School
Enrichment Program
Kansas City, Kansas Public Schools**

**Childcare Services * Tutoring/Homework Assistance *
Social Development * Fine Arts
Recreational Activities * Career Exploration**

USD 500 KIDZONE SITES 2022-2023

AM/PM

				<u>Start Date</u>	<u>End Date</u>
Emerson	1429 S 29 th	KCK	627-5913	08/15/22	05/19/23
Hazel Grove	2401 N 67 th St.	KCK	627-7000/749-9661	08/15/22	05/19/23
West Park	2600 N 43 rd Terr.	KCK	627-6260/627-6263	08/15/22	05/19/23
Whittier	295 S 10 th	KCK	627-6425	08/15/22	05/19/23

PM ONLY

Banneker	2026 N 4 th st	KCK	627-4700	08/15/22	05/19/23
Frank Rushton	2605 W 43 rd	KCK	375-5840	08/15/22	05/19/23
New Chelsea	2500 Wood	KCK	627-5000/5009	08/15/22	05/19/23

**** Please refer to page 2 for the list of sites that each school will attend****

**Main Offices at District Central Office * 2010 N. 59th St.
913-627-4390 * 913-669-0235 * 913-627-4356**



Please return this packet to a Kidzone Program Director at the Kidzone site where your child will attend. Once the packet is turned into the Program Director, the student(s) are automatically enrolled.

Kidzone services available to the elementary schools:

<i>School Name</i>	<i>AM Kidzone site</i>	<i>PM Kidzone site</i>
Banneker	Whittier	Banneker
Claude Huyck	Hazel Grove	Hazel Grove
Douglass	Whittier	Banneker
Emerson	Emerson	Emerson
Eugene Ware	West Park	West Park
Frances Willard	Whittier	Whittier
Frank Rushton	Emerson	Frank Rushton
Grant	Whittier	Banneker
B. Caruthers	Whittier	Banneker
Hazel Grove	Hazel Grove	Hazel Grove
John Fiske	Whittier	Whittier
John F Kennedy	Hazel Grove	Hazel Grove
Lindbergh	West Park	West Park
Lowell Brune	Hazel Grove	Hazel Grove
Mark Twain	Whittier	Whittier
McKinley	Whittier	Whittier
ME Pearson	Whittier	Whittier
New Chelsea	West Park	West Park
New Stanley	Emerson	Emerson
Noble Prentis	Emerson	Emerson
Quindaro	West Park	West Park
Silver City	Emerson	Emerson
Stony Point North	Hazel Grove	Hazel Grove
Stony Point South	Hazel Grove	Hazel Grove
T.A. Edison	Emerson	Frank Rushton
Welborn	West Park	West Park
West Park	West Park	West Park
Whittier	Whittier	Whittier



**BEFORE AND AFTER SCHOOL
Enrichment Program
Kansas City Kansas Public Schools**

**Childcare Services
Academics - Tutoring/Homework Assistance
Social Development
Fine Arts - Recreational Activities**

Kidzone provides quality programming in a safe and fun environment for students in areas of:

- Academic Support
- Tutoring
- Social Development
- Recreation
- Fine Arts Activities
- Technology

Kidzone also provides:

- Daily snacks
- Services open during teacher in-service, spring break, and *summer

HOURS OF SERVICES VARY BY INDIVIDUAL SCHOOLS

BEFORE SCHOOL: 7:00 am until 8:00 or 8:30 am

(Students will arrive at their home school before their breakfast time)

AFTER SCHOOL: 3:15, 3:30 or 4:00 pm until 5:30 pm

Wednesday Early Release 1:15, 1:30 or 2:30 p.m. until 5:30 pm

SCHOOLS PROVIDING SERVICES FOR 2022-2023 (Starting 08/15/22)

Morning & Afternoon - Emerson, Hazel Grove, West Park, Whittier

Afternoon Only – Banneker, Frank Rushton, New Chelsea

COST FOR KIDZONE CHILD CARE SERVICES:

\$40 (per week) for both A.M. & P.M. sessions

\$20 (per week) for A.M.

\$30 (per week) for P.M.

\$15 (per week) for Wednesday only

****Cost is per week/per child**



**For more information call:
(913)627-4390, (913)627-4356 or (913)669-0235**

Before and After School Program

Kidzone offers tutoring and homework assistance, social development programs, STEAM and recreation activities, and childcare services. In addition, Kidzone offers a wide variety of enrichment activities led by teachers and community providers in a safe environment. Daily snacks are included.

To enroll, please contact Kidzone staff at one of the host sites.

Program Hours

7:00 a.m. until 7:45, 8:00 or 8:30 a.m.
3:15, 3:30 or 4:00 p.m. until 5:30 p.m.
Wednesday 1:15, 1:30 or 2:30 p.m. until 5:30 p.m.

Other dates and program hours for the school year:

*Summer programming will be determined based on 2022-2023 funding

<p>OPEN 7:00 am – 5:30 pm on the dates listed below:</p> <p>Teacher In-Service/Non-Duty & Family Advocacy Days September 16, 2022 (Hazel Grove Open Only) October 14, 2022 (Hazel Grove Open Only) October 31, 2022 (Hazel Grove Open Only) November 11, 2022 (Hazel Grove Open Only) December 19-20, 2022 (Hazel Grove Open Only) January 4, 2023 (Hazel Grove Open Only) February 3, 2023 (Hazel Grove Open Only) March 10, 2023 (Hazel Grove Open Only) April 21, 2023 (Hazel Grove Open Only)</p> <p>Spring Break March 13-17, 2023 (Hazel Grove Only)</p>	<p>CLOSED on the dates listed below:</p> <p>Labor Day September 5, 2022</p> <p>Thanksgiving Holiday November 21-25, 2022</p> <p>Winter Break December 21, 2022- Jan 4, 2023</p> <p>2023 Holidays January 16, 2023 Dr. King Holiday February 20, 2023 President's Day</p>
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Last Day of Kidzone for the school year: May 19th, 2023

<p><u>Cost per student</u> \$40 (per week) for both A.M. & P.M. session \$20 (per week) for A.M. \$30 (per week) for P.M. \$15 (per week) for Wednesday Service Only Daily rates are not available</p>
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Families are responsible for picking their children up by 5:30 pm at the Kidzone site. Kidzone may contact Campus Security to transport your child(ren) to another location for pick-up after 6:00 p.m.

Kidzone is funded in part by: 21st Century Learning Centers; Department of Children and Family Services; and the Kansas City, Kansas Public Schools

KIDZONE

Enrollment Packet

Please complete the following information for the student.

PLEASE PRINT.

School _____ Grade _____

Student ID # _____

First Name (Student)

Middle Name

Last Name

Student Birth Date

Gender

M or F

Race

Black

White

Hispanic

Indian/Amer. Indian

Asian

Other _____

Home Telephone Number

Address (City, State, Zip)

Mother/Guardian Name

Name of Employer

Area Code Work Number ext.

Father/Guardian Name

Name of Employer

Area Code Work Number ext.

In case of medical emergency please notify: _____

Name/(Area Code/Telephone)

My child will attend:

_____ Weekly (AM and PM Sessions) \$40

_____ AM Session Only \$20

_____ PM Session Only \$30

_____ Wednesday Session Only \$15

Limited scholarships may be available to qualifying families.

*My weekly fee will be paid each Friday prior to services being offered. Cash payments only; Cashier Checks, Money Orders, Cash. I understand that my child(ren) will not be able to attend Kidzone until the unpaid child care fees and administrative cost have been resolved. **Termination Policy:** If child care fees are not received, child care services may be terminated within seven (7) days of the balance due date. **Parents may terminate their Kidzone contract at any time by, providing a written two-week termination notice, to the Kidzone Program Director at their site.***

I have read and understand the requirements for my child(ren) to participate in the Kidzone program. I agree to comply with all of the policies and procedures of the Kidzone program. I understand the fee payment structure of the Kidzone program and I agree to make payments prior to my child participating in the Kidzone program.

Parent/Guardian Signature

Date

Childcare Provider Signature

Date

KIDZONE / PICK-UP AND RELEASE INFORMATION

Parents/Guardians need to:

- (1) Supply **Kidzone/ Summer School** staff names of those persons who may pick up your child below.
- (2) **Kidzone / Summer School** staff will not release your child to any other person(s) other than those listed below.
- (3) It is the parent's responsibility to keep this information current at all times.

AUTHORIZED TO PICK UP MY CHILD (PLEASE PRINT): (Notify the Program Director of any changes.)

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

***DO NOT ALLOW** MY CHILD TO LEAVE WITH THESE PERSONS:

Is there any special information that would help the person caring for your child? Yes/No If yes, please explain: (ex: medication/health concerns) _____

TRANSPORTATION

It is the responsibility of the parent/guardian to provide or arrange transportation for his/her child(ren) to and from the Kidzone program. However, there may be occasions when transportation may be provided by Kansas City, Kansas Public Schools for field trips only. There will be a separate permission slip that parents must complete for each field trip.

I understand that it is my responsibility to keep the Pick-Up and Release Information current. I agree that I will follow the policies and procedures of the Kidzone program.

I further understand that pick up time from Kidzone is no later than 5:30 p.m. Parents will be contacted at 6:00 p.m. regarding any student(s) left on site. Kidzone may contact Campus Security or the KCK Police Department regarding any students left on site after 6:00 p.m.

Parent/Guardian Signature _____ **Date** _____

Childcare Provider Signature Date

Kidzone

Before and After School and Summer Programming Agreement

The following agreement clearly specifies the responsibilities of the student, parents and staff for participation in the **Kidzone / Summer School** program, either summer or before and after school. This agreement must be signed by the parent/guardian prior to participation in the program. The program will serve all students, unless the need(s) of the student(s) exceed the staffing capabilities of the program guidelines. Families will be notified of any potential concerns or problems immediately, and students will not be released from the program without parent conferences and/or notification. **Kidzone / Summer School does not discriminate against any person because of race, color, religion, or sex, handicap, familial status, or national origin.**

Student Expectations:

- (1) To respect self and others*
- (2) To demonstrate a positive attitude*
- (3) To attend the program regularly. To maintain regular attendance as enrollment spaces may be limited.*
- (4) To comply with all of the behavior expectations as outlined in the USD 500 Code of Conduct Manual.*
- (5) To comply with the USD 500/Kidzone dress code.*

This information is posted for the student's review in each program area.

Parent Expectations:

- (1) To complete all required documents prior to participation in KIDZONE*
- (2) To comply with the KIDZONE Pick-Up and Release agreement for your child*
- (3) To provide current health/medical background information on your child to the Program Director for use in case of a medical emergency*
- (4) To encourage and support their child(ren) to respect self and others*
- (5) To support the staff in establishing a comfortable, safe and positive environment for all students*
- (6) TO PICK UP THEIR STUDENT IF KIDZONE STAFF ASKS THEM TO DUE TO COVID SYMPTOMS*

GENERAL INFORMATION AND PERMISSION

I understand that I will be notified in advance to request my permission for my child to attend a field trip. I give the staff of Summer School / Kidzone, its Community Service Partners and the Family Nutrition Program/Healthy Kids in Kansas permission to photograph, survey parents/students for program feedback, and/or interview my child for promotional purposes only. I give the staff of Summer School / KIDZONE permission to seek medical treatment or surgical care for my child should an emergency arise. In case of emergency, I understand that a conscientious effort will be made to locate my spouse, a guardian, an emergency contact or myself. I also understand and accept that I am responsible for the payment of all medical expenses, and carry primary accident insurance on my child.

I give permission for my son to join Boy Scouts (Please Circle) YES NO

I give permission for my daughter to join Girl Scouts (Please Circle) YES NO

I give permission for my son/daughter to join 4H (Please Circle) YES NO

I give permission for my son/daughter to participate in Tendou Martial Arts (Please Circle) YES NO

I understand the program guidelines for Kidzone. I will keep all information contained in this enrollment packet current.

PARENT/GUARDIAN SIGNATURE

DATE

Childcare Provider Signature

Date

Before and After School Programming
Disciplinary Guide in Accordance with
 USD 500 School District Code of Conduct

CLASS 1 OFFENSES: (LISTED IN NO PARTICULAR ORDER): Excessive Tardiness Improper Display of Affection Non-Conformity to Dress Code Obscene Behavior/Use of Profanity Possession of Educational Nuisance Skipping Class Unauthorized Sale or Distribution of Items Not Otherwise Specified Violating Hall Rules Violating Lunchroom Rules Violating Playground Rules Violating Assembly Rules	CONSEQUENCES/INTERVENTIONS: (LISTED IN NO PARTICULAR ORDER): Time-owed-After School detentions Counseling/social work services Peer Mediation Parent Conference Student Conference and/or Temporary Removal from Class Denial of participation/attendance at extracurricular activities Community Service Denial of School privileges (i.e. field trips) In-School Suspension/Saturday School Restitution/Short Term Suspension
CLASS 2 OFFENSES: (LISTED IN NO PARTICULAR ORDER): Academic Dishonesty/Cheating/Forgery Tobacco Possession/Use Trespassing Inciting to Fight/Contributing to or inciting a disruptive situation/Fighting Vandalism/Personal/School Property Stealing/Theft/Gambling Inappropriate Computer/Internet Misuse/Technology Leaving the school/program area without permission Defiance of Authority/Gross Disruptive Behavior Misbehavior on Bus Setting off alarm Trespassing Truancy/Skipping School	CONSEQUENCES/INTERVENTIONS (LISTED IN NO PARTICULAR ORDER): In addition to the consequences above Denial of School privileges (i.e. field trips) In-program suspension Parent Conference Student Behavior Contract Denial of participation/attendance at extracurricular activities Restitution (where applicable) Short Term Suspension Long Term Suspension Expulsion
CLASS 3 OFFENSES: (LISTED IN NO PARTICULAR ORDER): Illicit Drug Possession/Drug Use/Drug Solicitation or Sale/Marijuana/Tobacco Aggravated or Physical abuse of school/program employees/Robbery Possession of Dangerous Device Possession-Intent to sell,give,deliver,distribute,alcohol, Drugs,inhalants,paraphernalia,look-alikes Threatening another student or school personnel Gross disrespect/Verbal abuse of the teacher/staff Harassment,Bullying,Cyber Bullying Indecent exposure/Non-violent sexual offenses Fireworks/Explosives Use of Threat Assault/Sexual Misconduct/Stalking Hate related conduct	CONSEQUENCES/INTERVENTIONS: (LISTED IN NO PARTICULAR ORDER): In addition to the consequences above In-school suspension Extended suspension Short term suspension Police Contact/Student Arrested Referral to state and federal law enforcement Restitution
CLASS 4 OFFENSES: (No particular order) Arson/Fire Kidnapping Murder/Homicide Possession of Firearm/Weapon/Sale/Use Sexual Assault	Expulsion

I have reviewed this page which lists some of the prohibited activities and the consequences and interventions for students who engage in them. I agree to support the USD 500 Code of Conduct procedures that are outlined in the USD 500 Code of Conduct Book that is posted in the school site.

 Parent Signature

 Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
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I authorize USD 500 KCK Public Schools (caregiver/staff) who
is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or
youth Kidzone Director (child's first and last name) while child or youth is in the facility's custody
between August 15, 2022 and May 19, 2023
MM/DD/YYYY MM/DD/YYYY

Is child covered by health insurance? ☐ Yes ☐ No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____
MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u>	
County of _____	
Signed or attested before me on _____ by _____	
MM/DD/YYYY	Name of Person
(Seal, if any.)	
Signature of notarial officer _____	
Title (and Rank) _____	
My appointment expires: _____	

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.

HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian
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Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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First and Last Name of the Child's or Youth's Father or Guardian
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Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)

Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.

Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)	/ /	/ /	/ /	/ /	/ /
	POLIO	/ /	/ /	/ /	/ /	
	MMR	/ /	/ /			
Single Dose Only	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
	HIB (Hemophilus Infl. B) *RECOMMENDED	/ /	/ /	/ /	/ /	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	/ /	/ /	/ /		
	VAR (Varicella-Chicken Pox) *RECOMMENDED	/ /				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
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If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
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I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.	
Signature of person completing this form	Date Signed