



Calvary Kids Club  
(208) 467-7116  
1210 N. Middleton Rd.  
Nampa, Idaho 83651

## **HOURS OF OPERATION AND PAYMENT INFORMATION**

**Hours of Operation:** Monday thru Friday 7:00 am -8:00 am, 12:00 pm - 6:00 pm

**Ages:** 3 years to 12 years old. Children need to be 3 years of age and fully potty-trained. We provide after school enrichment programs.

Here at Calvary Kids Club, we do not accept ICCP payments. You will be billed on a bi-weekly basis. You are required to pay in advance for your child's enrichment program. All payments are due on Mondays. We accept payments in the form of cash, check, or credit card. There is a 4% fee added to all credit card transactions. Late payments can result in your child not being able to attend until the account is brought current. There will be a \$20.00 service charge added to any check that is returned. After two returned checks, we will require that all future payments be made with cash.

### **Holidays:**

On the following holidays we will be closed and you will be required to pay your regular rate if that holiday falls during a week day: Labor Day, Thanksgiving, Christmas, New Years, Memorial Day, and Fourth of July. We will also be closed on the day after Thanksgiving, Christmas Eve and New Year's Eve but you will not be required to pay for these days.

### **Vacation/Absences:**

Parents are required to pay for all scheduled days, regardless of absences, including illness. You are provided with 2 weeks of vacation/sick compensation per school year (based on your regularly scheduled days). All vacations need to be submitted in advance in writing to the director. Sick days also need to be submitted in writing to the director.

### **Late pick-up fee:**

We close at 6:00 pm and need to have all children picked up by 6:00 pm. If your child is still at the facility after 6:00 pm you will be charged \$1.00 per minute per child.

### **Withdrawal:**

A written two-week notice of withdrawal is required. If not given, you will be charged for those two-weeks even if your child is not still attending.



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## **POLICIES AND PROCEDURES**

### **Immunizations:**

Here at Calvary Kids Learning Center we are required by the state to have a copy of your child's immunization records that are signed by a physician or an immunization waiver form filled out and on record. We need this information before your child can attend our enrichment program. If you need the fill out the waiver form, please ask the director for a copy. You will need to give us an updated copy as new shots are given.

### **Drop-off / Pick-up:**

The person responsible for the delivery of your child must bring them INTO the facility and be acknowledged by the teacher; letting children walk into the building on their own is NOT ACCEPTABLE. When leaving your child, you need to tell them goodbye, then leave. Please do not linger if your child is having a fit. It is harder on them as they get the idea that you will stay if they continue. They will adjust to being left and just a little reassurance that you will be back is all they need. If you are having someone other than those designated on the application picking up your child, please leave written notice with the person's first and last name with the staff. Also, let your designated pick-up people know that they will be required to show ID in order to take your child. This is just a safety precaution.

### **Toys from home:**

Toys from home are not permitted except on designated show and tell days.

### **Food:**

Please provide a snack for snack time for your child. If your child will be here past preschool hours please pack two snacks for your child.

## **BEHAVIOR AND DISCIPLINE POLICY**

Our major concern here at Calvary Kids Club is the safety and well-being of the children in our enrichment program. Therefore, the following procedures have been put into place:

**Minor Behavior Problems:** Running in-doors, wrestling, tickling, throwing objects, taking toys from other children and verbal bullying or talking back to staff is not allowed. In these cases, children will receive two warnings. On the third offense, the child will be sent to time-out. During time-out, we have the child put their head down at the table, face a corner or sit in a chair (depending on the severity of incident), for one minute per year of age. Subsequent incidents for the same offense will receive an immediate time-out. Following time-out, we speak to the child about what happened and explain to them why that behavior is not allowed, and what they should do in the future. Three time-outs in one day may result in a written notice from the director that the parents must sign and return.



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**Behavior by a child that poses a physical threat to another child:** Hitting, pinching, scratching and malicious speech towards another child or a teacher as well as cussing or taking the Lord's name in vain requires an immediate time-out. More serious offenses such as kicking, punching, biting choking and hitting with a toy or other object also will receive an immediate time-out, as well as a letter to the parents for a signature. Second offense will be handled with a time-out, letter for parents to sign, and a parent-teacher meeting. Third offense will be immediate expulsion from the enrichment program. The child's age and level of understanding of their action, along with circumstances will be considered in each event. We will be as fair as possible in handling each issue.

## HEALTH POLICY

Our health policy here at Calvary Kids Club is to keep all the children and staff as healthy as possible. We ask that if your child is ill you keep them home. We will send a child home if they have any of the following symptoms:

- Fever of 100° F or greater
- Vomiting
- Two or more incidents of diarrhea
- The child does not feel well enough to participate comfortably in routine activities
- The child requires more care than staff is able to provide without compromising the health and safety of the other children
- Or, if your child shows signs of an illness that is on the following list:

- Tuberculosis
- Impetigo
- Chickenpox (Varicella-Zoster)
- Ring Worm
- Mumps
- Hepatitis A virus
- Measles
- Rubella
- Strep
- Pink Eye
- Lice or Flea infestation



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We ask that you keep your child home until they are 24 hrs. without any of the above listed symptoms. If your child's illness is on the above list they need to have a note from a doctor to return to the daycare.

We will do all we can to keep illnesses from spreading, but we need your help to keep them out of the daycare as much as possible.

This policy applies to both Staff and Children.

Thank you,

*Jose Garzaro*

Calvary Kids Administrator



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**Rates**

Full Day – (over 4 hours)	\$24.00 per day
Half Day – (1-4 hours)	\$15.00 per day
After School Program (1-3 hours)	\$12.00 per day
After School Hourly Rate*	\$5.00 per hour
CCS up to 3 hours*	\$135 monthly
CCS up to 6 hours*	\$180 monthly
Registration Fee*	\$50.00

Parents pay for the days their child is absent. Two weeks (10 days) of vacation time is given to each child who attends five days a week, if your child will be attending less than five days a week vacation time will be two weeks of however many days your child is attending (example three days would be six vacation days). These days can be used to cover sick days and vacation/time off.

\*Only available to children who attend Calvary Christian School.



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## 2018-2019 Schedule

Revised 8/20/2018

<b>August 2018</b>	20 Calvary Christian School Starts
<b>September 2018</b>	3 Closed for Labor Day
<b>November 2018</b>	22-23 Closed for Thanksgiving
<b>December 2018</b>	24-25 Closed for Christmas 26-28 Kids Club will be available only as needed
<b>January 2019</b>	1 Closed for New Year's Day
<b>March 2019</b>	25-29 Kids Club will be available only as needed
<b>May 2019</b>	24 Last day of school Calvary Christian School 27 Closed Memorial Day 28 Summer program begins
<b>July 2019</b>	4 Closed for Independence Day



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### ENROLLMENT FORM

Date of Enrollment \_\_\_\_\_

#### **Child's Information**

Child's Full Name \_\_\_\_\_

Nick Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Primary place of residence is with:  Mom  Dad  Both

#### **Mother's Information**

Mother's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Home Street Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Number \_\_\_\_\_

#### **Father's Information**

Father's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Home Street Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Number \_\_\_\_\_

Email Address \_\_\_\_\_

#### **Family / Home Information**

Parents are (circle one):

Married      Living together      Separated      Divorced      Widowed      Single

Other Members of the Household (Please list all adults and children living with you)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ If child - age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ If child - age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ If child - age \_\_\_\_\_



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## FINANCIAL AGREEMENT

I desire to enroll my child with a starting date of \_\_\_\_\_

I am requesting the following days and times (please fill in time for each day) for my child:

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

I am enrolling my child for (Please check all that apply):

- Half day \$15 per day    Full Day \$24 per day    After School    \$12 per day  
 CCS 1-3 hours each day \$135 monthly    CCS 4-6 hours each day \$180 monthly    CCS Drop in rate \$5hr

My Daily Rate will be \_\_\_\_\_   My Bi-Weekly Rate Will Be \_\_\_\_\_

My Monthly Rate will be (CCS students only) \_\_\_\_\_

### Note:

**If my work schedule is irregular and I need extra days not listed above, I will notify the Learning Center of my hours at least ONE WEEK in advance, so staff can be scheduled accordingly.**

I AGREE TO PAY THE TUITION FOR THE DAYS AND TIMES STATED ABOVE. I UNDERSTAND THAT I AM PAYING FOR A SLOT FOR MY CHILD AT CALVARY KIDS CLUB AND THAT I AM GUARANTEED ROOM FOR MY CHILD ON HIS/HER REGULAR SCHEDULED DAYS. I UNDERSTAND THAT I AM TO PAY FOR THE DAYS I HAVE FILLED IN ABOVE AND THAT IF I NEED TO ADD AN EXTRA DAY OF THE ENRICHMENT PROGRAM THAT I WILL PAY FOR MY REGULAR DAYS AND FOR THE EXTRA DAY OF CARE EVEN IF MY CHILD WILL BE MISSING ON A REGULAR DAY DUE TO THE EXTRA DAY.

I UNDERSTAND FEES ARE DUE BI-WEEKLY. I WILL INCLUDE PAYMENTS FOR ANY EXTRA DAYS IN MY BI-WEEKLY PAYMENTS. I UNDERSTAND THAT ALL PAYMENTS ARE DUE ON MONDAY FOR THE FOLLOWING TWO WEEKS.

I REALIZE THAT I PAY FOR SCHEDULED DAYS EVEN WHEN MY CHILD IS ABSENT. I ALSO UNDERSTAND THAT I HAVE TWO WEEKS OF VACATION TIME (NUMBER OF DAYS PER WEEK THAT MY CHILD ATTENDS), THAT I MAY USE FOR ANY ABSENSES. IN ORDER TO USE THESE VACATION DAYS, I MUST FIRST LET THE CALVARY KIDS CLUB DIRECTOR KNOW IN WRITING WHICH ABSENSES ARE TO BE USED AS VACATION DAYS SO THE BILLING DEPARTMENT CAN BILL ACCORDINGLY.

I ALSO UNDERSTAND THAT PAYMENT IS DUE IN ADVANCE AND MY CHILD WILL NOT BE ABLE TO ATTEND ENRICHMENT PROGRAM IF MY ACCOUNT IS NOT UP-TO-DATE. I ASSUME PERSONAL RESPONSIBILITY FOR ALL CHARGES, INCLUDING THOSE OF A COLLECTION AGENT, IF NECESSARY.

I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS AND CONDITIONS OUT LINED IN THE CALVARY KIDS LEARNING CENTER POLICIES.

\_\_\_\_\_  
Signature of person responsible for payment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number





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## SUPPLEMENTAL INFORMATION

### Medical Information

Child's Doctor \_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Dentist's phone number \_\_\_\_\_

Child's Hospital of choice \_\_\_\_\_

### Insurance Information

Name of Primary Insurer \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

### Additional Information

Please list anyone NOT authorized to pick up your child?

Is this person dangerous? (Yes/No)

\_\_\_\_\_  
\_\_\_\_\_

Please list all persons authorized to pick up your child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, if we are unable to contact you, whom should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_



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### RELEASE OF LIABILITY FORM

When this form is signed by the parent or legal guardian of the child by the name of \_\_\_\_\_, it releases Calvary Kids Club from any and all liability related to any and all activities and/or transportation provided by Calvary Kids Club, its staff or representatives. Calvary Kids Learning Club does not provide medical insurance to automatically pay for medical expenses when students are injured at school. General medical insurance is the responsibility of the parent or legal guardians. Calvary Kids Club carries only legal liability insurance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please provide to Calvary Kids Club a list of any major illnesses your child has experienced during the last year, any allergies or medical conditions, and any restrictions imposed by his/her physician.

### Authorization of Consent to Medical Treatment

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Calvary Kids Club and its staff of any liability against personal losses of named child.

I/we the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Calvary Kids Club. I/we understand that there are inherent risks involved in any athletic event, and I/we hereby release Calvary Kids Club, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician and/or hospital personnel designated by Calvary Kids Club. I/we agree to hold such person free and harmless of any claims, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the staff.

Parents name (please print)

\_\_\_\_\_  
Parents Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Medical Insurance Co. Policy # \_\_\_\_\_

Family Physician and Phone # \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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**HEALTH PROFILE 2018-2019**

Students Name \_\_\_\_\_

Students Soc. Sec. # (Last 4 Digits only please) \_\_\_\_\_

Does your child have any medical condition and/or conditions we should be aware of?

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If yes, please describe \_\_\_\_\_

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Does your child have a medical condition (i.e. allergies, asthma, diabetes, etc.)? Please be specific \_\_\_\_\_

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Does your child require regular medication? If so, what are they? Will he/she require medication at school? What time?

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If yes, please describe your child's condition \_\_\_\_\_

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Does your child have any specific behavior or discipline problems? Does he/she have any authority issues or peer issues that we should be aware of?

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**MEDIA CONSENT AND RELEASE FORM 2018-2019**

Throughout the school year, students may be highlighted in efforts to promote Calvary Kids Club activities and achievements. For example, students may be featured in materials to increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of \_\_\_\_\_, hereby give Calvary Kids Club and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither Calvary Kids Club nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and relieve Calvary Kids Club, its employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

**I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.**

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_