



2016-17 KALEIDOSCOPE CORNER REGISTRATION PACKET

Kaleidoscope Corner staff will be accepting paper registrations for the 2016-2017 School Year at each site during designated dates and times.

Please visit <http://kaleidoscope.dpsk12.org/register/> for details.

DEPARTMENT OF
EXTENDED
LEARNING



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Please read the following information carefully

FOR CURRENT FAMILIES OF KALEIDOSCOPE CORNER

- ◆ Returning families (and siblings) are *guaranteed* a spot if your family is in good financial standing and you return the registration documents 100% complete within the designated two-week timeframe
 - Registration is **NOT** first come, first served for returning families as it has been in previous years.
 - You will be notified by email and phone by May 6 to confirm your spot.
 - If final payment for Spring 2016 is not made by May 8, your family will be considered not in good financial standing and will be disenrolled for school year 2016-2017
- ◆ A prepopulated form for returning students has been delivered to your site
 - You must check the forms for accuracy of all information and update accordingly
 - We recognize that some data may have been lost in the process of prepopulating the form and appreciate you filling in any missing information
 - **It is critical that we have your signature and date or initials in all grey boxes in the document**
- ◆ Paper registrations will be accepted at the Acoma Administration Building (1617 S. Acoma St.)
 - April 18 - April 29, weekdays from 9:00 a.m.-4:00 p.m.
- ◆ Paper registrations will be accepted at each site during designated days and times
 - Visit <http://kaleidoscope.dpsk12.org/register/> for details
- ◆ Scanned registrations can be emailed to kaleidoscope@dpsk12.org
 - April 18 at 9:00 a.m.-April 29 at 4:00 p.m.
 - Files must be legible & smaller than 10mb.
 - DPS rejects emails with attachments totaling more than 10mb.
 - You will receive an automatic response if your email is received
- ◆ A fully detailed email with your child(ren)'s schedule will arrive by July 22
- ◆ The registration fee WILL NOT be taken at the time of the registration, but will be charged to your first billing

FOR NEW FAMILIES TO KALEIDOSCOPE CORNER

- ◆ All registrations are taken on a first come, first served basis and a spot in Kaleidoscope Corner is not guaranteed.
 - All completed registration packets will be date and time stamped upon acceptance
 - The number of spots available at each site will be posted on the KC website on May 2
- ◆ The registration fee WILL NOT be taken at the time of the registration event.
- ◆ Families on the 2015-2016 waitlist as of March 4, 2016 will receive the first available spots for new families, if their paperwork is 100% complete and turned in between May 2nd-May 6th. No exceptions.
- ◆ Paper registrations will be accepted at the Acoma Administration Building (1617 S. Acoma St.)
 - May 2 - May 6 from 9:00 a.m.-4:00 p.m.
- ◆ Paper registrations will be accepted at each site during designated days and times
 - Visit <http://kaleidoscope.dpsk12.org/register/> for details
- ◆ Scanned registrations can be emailed to kaleidoscope@dpsk12.org
 - May 2 at 9:00 a.m.-May 6 at 4:00 p.m. (Do not email registrations prior to 9:00 a.m. on May 2)
 - Any email received before 9:00 a.m. on May 2 will be time & date stamped for the *end of day (6:00 p.m.)* on May 2
 - Files must be legible and smaller than 10mb.
 - DPS email rejects emails with attachments totaling more than 10mb.
 - You will receive an automatic response if your email is received
- ◆ You will be notified by email and phone by May 13 about whether you have a spot or are on the waitlist
- ◆ A fully detailed email with your child(ren)'s schedule will arrive by July 22
- ◆ If you are on the waitlist, you will receive an email with your child(ren)'s waitlist range position by July 22
- ◆ The registration fee WILL NOT be taken at the time of the registration, but will be charged to your first billing

FOR CURRENT WAITLIST FAMILIES (on the waitlist as of March 4, 2016)

- ◆ Families on the 2015-2016 waitlist as of March 4, 2016 will receive the first available spots for new families if your paperwork is 100% completed and turned in from May 2nd-May 6th
 - You must register your child(ren) for the school at which they are currently on the waitlist
 - For example, if your child is 2nd on the waitlist for Bromwell right now, and you submit your paperwork, your child will be 2nd in line for a spot at Bromwell and will get it if available
 - However, if no spots exist after being filled by returning families, we cannot create spots. In this case, current waitlist families who submit their registrations will remain in their current waitlist position for 2016-2017
 - ◆ Please follow the NEW FAMILY registration process above
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FOR ALL FAMILIES: REGISTRATION CHECKLIST

- ◆ Verify date and time of registration period that pertains to you
 - ◆ Choose the method of returning your form that best suits your family
 - ◆ Complete a 2016-2017 KC Registration Packet for each child including the following information:
 - Name, age, birth date, current address, grade & student ID of your child
 - Name, address & phone number of parent/guardian
 - Names, addresses & phone numbers of emergency contacts, doctor, dentist & hospital
 - Your child's health information, special needs, allergies, and any chronic health issues (if applicable)
 - **A copy of your child's Immunization record AND**
 - **A copy of your child's current Health Appraisal Form**
 - *Each Health Appraisal Form must have a physician's signature and date your child must return to the doctor for next well child visit or per AAP Guidelines*
 - Find the form at <http://kaleidoscope.dpsk12.org/wp-content/uploads/2016/02/HealthForm.pdf>
 - ◆ Complete the 2016-2017 Payment Agreement that includes the following information:
 - The responsible party for the account
 - Your child's Kaleidoscope Corner site, program, schedule & monthly tuition
 - Your Tuition Express ID Number if applicable
 - Read and initial where indicated
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**IF YOU HAVE ANY QUESTIONS
PLEASE CONTACT THE
REGISTRATION OFFICE AT
720-423-1781**

KALEIDOSCOPE CORNER/FIT FUN

Payment Agreement 2016-2017

(Current rates can be found on our website at Kaleidoscope.dpsk12.org)



Parent/Guardian Name		Phone	
Email #1		Email #2	
Child Name		Age	DOB
Child's DPS Student ID Number			
Kaleidoscope Corner Site			
Email Statements	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	(If YES, you will no longer receive statements via US Mail.)

Please Mark One:	Single Child	Multiple Children	School Year Camps Only
Fall Registration Fee	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$15.00 Camps

Please designate your schedule below.	Monthly Fee
Early Risers (6:30am – classroom start time)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
Kadoodles* (Noon-School Release)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
After School (School Release – 6:00pm)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F

*Kadoodles not available at all sites.

Friday Early Release Care – Only a few KC Sites have Early Release Days on Fridays – this is not applicable to most sites.		
Fridays, 1 – 3 pm (at certain sites)	ONLY AVAILABLE AT EARLY RELEASE SITES TO STUDENTS REGISTERED FOR A 3-DAY MINIMUM PROGRAM	<input type="checkbox"/> \$24.75
Fridays, 1 – 6 pm (at certain sites)		<input type="checkbox"/> \$98.75

Automatic Payment Option:
If you are not currently enrolled in Tuition Express and would like to set up automatic payments, please complete the Tuition Express enrollment form found at http://kaleidoscope.dpsk12.org/payment/ .

Available Financial Assistance (Only one discount will apply per family)	Parent/Guardian Initials
I understand, if I apply for financial assistance it will not be applied to my account until the Extended Learning Financial Office has received my income verification and determined my eligibility. Required Paperwork for Financial Assistance: <ul style="list-style-type: none"> ✓ Completed Financial Assistance Application (Available at kaleidoscope.dpsk12.org) ✓ Most recently filed income tax return or two most recent paycheck stubs 	

Human Services	Parent/Guardian Initials		
I understand that as a CCAP recipient, I must present written authorization from my county caseworker for the correct time frame and site. If I do not have written authorization O will be responsible for all tuition charges and registration fees at the time of registration.			
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>CCAP Case Number:</td> <td></td> </tr> </table>	CCAP Case Number:		
CCAP Case Number:			

SCHEDULE OF PAYMENTS

Payment	Billing Cycle Run Date	Tuition Due Date & Tuition Express RunDate	Late Fee Assessed	Non-Payment Withdrawal Date	Coverage Period
1 of 9	August 15	9/1/16	9/8/16	9/16/16	8/22/16 – 9/30/16
2 of 9	September 15	10/3/16	10/10/16	10/14/16	10/1/16 – 10/31/16
3 of 9	October 15	11/1/16	11/8/16	11/18/16	11/1/16 – 11/30/16
4 of 9	November 15	12/1/16	12/8/16	12/16/16	12/1/16 – 12/31/16
5 of 9	December 15	1/5/17	1/12/17	1/20/17	1/1/17 – 1/31/17
6 of 9	January 15	2/1/17	2/8/17	2/17/17	2/1/17 – 2/29/17
7 of 9	February 15	3/1/17	3/8/17	3/17/17	3/1/17 – 3/31/17
8 of 9	March 15	4/3/17	4/10/17	4/21/17	4/1/17 – 4/30/17
9 of 9	April 15	5/1/17	5/8/17	5/19/17	5/1/17 – 6/1/17

TERMS OF PAYMENT <i>(Please read and initial all applicable statements)</i>	Parent/ Guardian Initials
PAYMENT - Once your child’s enrollment is secured, we will contact you to confirm your enrollment site, schedule, and your preferred payment method. Upon confirmation of enrollment, you must pay your registration fee, and set up a payment method. _	
REQUIREMENTS – A completed health appraisal form (with physician signature and date of required return) and immunization documentation are all required at the time of registration. _	
INVOICES - I understand that Kaleidoscope Corner will generate and send monthly invoices on the 15 th of each month. _	
DUE DATE - I understand that it is my responsibility to pay monthly tuition by the 1 st business day of each month. _	
LATE FEE - I understand that if my payment is not received within 5 business days of the Tuition Due Date, a \$25 <i>non-reversible</i> late fee will be assessed to myaccount. _	
SERVICE FEES - I understand that a \$30 service fee will be assessed for every returned check. _	
TERMINATION DUE TO UNPAID BALANCE - I understand that if payment is not received by the non-payment withdrawal date, my child’s (children’s) enrollment will be terminated. _	
REINSTATEMENT - I understand that if my child is withdrawn due to an unpaid balance, I must contact the Kaleidoscope Corner registration office to obtain reinstatement eligibility information before returning to the program. _	
SPLIT PROGRAM BILLING - Kaleidoscope Corner will not process split billing between two parents or guardians on <u>one</u> account. I understand that if I elect to create <u>two</u> accounts to split program billing that each parent will be fiscally responsible and must register and apply for financial assistance if needed. If non-payment occurs on one account the child will be withdrawn from the program that corresponds to the unpaid account.	
WITHDRAWAL - I understand in order to withdraw from the program I must complete the proper forms one week in advance. Failure to do so will result in my account being charged full price for that current billing month. I understand that my withdrawal is official when I receive confirmation from the KC Registration Office.	
CREDITS OR REFUNDS - I understand that credits or refunds are NOT issued for routine absence or illness. Credits will be considered for extended absence or illness with signed documentation from a medical professional. _	
SCHOOL CLOSURES - I understand that credits or refunds are NOT issued for days Kaleidoscope Corner is closed due to district or school closures for circumstances such as inclement weather.	
CCAP Recipients - I understand that if I am receiving Human Service assistance that it is my responsibility to provide Kaleidoscope Corner with all eligibility certificates. If I do not have written authorization, I will be responsible for all tuition charges and registration fees	
CCAP Recipients - I understand that I am responsible for paying parental fees, drop-ins, late pick up fees and the costs of any other unauthorized care assessed to myaccount.	

As the signer of this document, I understand that I am fully responsible for payment of all Kaleidoscope Corner fees in accordance with all Terms of Payment.

Parent/Guardian Signature	Date
Parent Guardian Printed Name	

KALEIDOSCOPE CORNER/FIT FUN

Information Card 2016-2017



CHILD INFORMATION

First Name		M.I.	Last Name	
Date of Birth	Gender	Age	Grade	Student ID #
Ethnic Group you consider the child to be a member of			<i>(Ethnicity is needed for Federal Food Program)</i>	
School/KC Site Child Will Attend			START DATE	

**PARENT/GUARDIAN INFORMATION

GUARDIAN	First Name	Last Name		
Address		City/State/Zip		
Home Phone		Cell/Pager		
Employer Name				
Employer Address				
Work Phone		City	State	Zip
Preferred Contact Number during Kaleidoscope Hours:		Order of Emergency Contact:	First	Second

GUARDIAN	First Name	Last Name		
Address		City/State/Zip		
Home Phone		Cell/Pager		
Employer Name				
Employer Address				
Work Phone		City	State	Zip
Preferred Contact Number during Kaleidoscope Hours:		Order of Emergency Contact:	First	Second

**ALTERNATE EMERGENCY CONTACT (ALL EMERGENCY CONTACTS MUST BE 18 AND OLDER)

Name	Relationship to Child	Order of Emergency Contact: <small>(CHECK ONLY ONE)</small>	1	2	3
Address		City/State/Zip			
Home Phone	Office Phone	Cell/Pager			
Name	Relationship to Child	Order of Emergency Contact: <small>(CHECK ONLY ONE)</small>	1	2	3
Address		City/State/Zip			
Home Phone	Office Phone	Cell/Pager			
Name	Relationship to Child	Order of Emergency Contact: <small>(CHECK ONLY ONE)</small>	1	2	3
Address		City/State/Zip			
Home Phone	Office Phone	Cell/Pager			

****Required Information – complete contact information must include names, addresses, & phone numbers wherever indicated**

The above persons are authorized to pick up my child and whom Kaleidoscope Corner may contact in the event of an emergency if parent(s) or guardian(s) cannot be reached. (All emergency contacts must be 18 and older.)

Parent/Guardian Signature	Date
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****MEDICAL/HOSPITAL INFORMATION**

Child's Name _____

Doctor's Name		Phone	
Address	City	State	Zip
Dentist's Name		Phone	
Address	City	State	Zip
Preferred Hospital		Phone	
Address	City	State	Zip

****Required Information – complete contact information must include name, address & phone numbers for doctor, dentist and preferred hospital.**

I do hereby authorize the above named physician to render such treatment as may be deemed necessary in an emergency for the health of the child. In the event that a parent/guardian, or alternate person named on this form cannot be reached, or if the name of a doctor, dentist or hospital has not been provided, the staff is hereby authorized to call 911 for medical assistance. The staff is also authorized to take whatever action is deemed necessary in their judgment for the health of the aforementioned child.

Parent/Guardian Signature	Date
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SPECIAL NEEDS INFORMATION

Has your child been identified with a disability?	Yes	No	<i>If yes, what special accommodations or modifications are needed?</i>			
Does your child have an IEP or a 504 Plan in place?	Yes	No				
Check any of the following that apply to your child.	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	Behavioral Disorder	<input type="checkbox"/>	Physical Therapy
	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>	Vision/Hearing	<input type="checkbox"/>	
<i>If any of the above questions have been answered YES a meeting with the Program Specialist is required before my child may begin the program.</i>						Parent/Guardian Initials

ALLERGY/HEALTH INFORMATION

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	ALLERGIES (Please Explain)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<i>Does your child take medications for Allergies? (if yes, please note the specific medications in the appropriate box below)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	ASTHMA
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<i>Does your child take medications for Asthma? (if yes, please note the specific medications in the appropriate box below)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Medical Problems (That require special accommodations related to care during program hours)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Dietary Needs (That require special accommodations. If alternate snacks are requested, a medical statement will be required. Please visit, http://enterprisemanagement.dpsk12.org/special-dietary-needs/ for more detail.)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Other (That require special accommodations related to care during program hours)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Emergency Medications Required **A current copy of each Medication Authorization MUST BE provided
<i>Please list all EMERGENCY MEDICATIONS your child takes:</i>				Parent/Guardian Initials
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Will your child require Daily Medications DURING PROGRAM/CAMPHOURS? **A current copy of each Medication Authorization MUST BE provided
<i>Please list all DAILY MEDICATIONS to be administered to your child during program hours:</i>				Parent/Guardian Initials
<i>Please list all DAILY MEDICATIONS to be administered to your child during Dismissal Days and Break Camp hours:</i>				Parent/Guardian Initials
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Does your child take medications on a daily basis? We must record all daily medications your child takes, even if they will not be administered during program hours. In an emergency, this information must be provided to paramedics.
<i>Please list all DAILY MEDICATIONS your child takes, at any time of day:</i>				Parent/Guardian Initials

SIGN IN/OUT AUTHORIZATION

Child's Name _____

I understand that Kaleidoscope Corner is not responsible for children who walk or bus from the program site once they are signed out.	Parent/Guardian Initials
I understand that Kaleidoscope Corner requires parents to sign their children IN to Early Risers.	Parent/Guardian Initials
I give permission for my child (who is 8 or older) to sign him/herself OUT of AfterSchool Release Time _____ <i>Sign-out authorization is not available at the following locations: CEE, Lincoln, Sandoval, Swigert, & Valdez</i>	Parent/Guardian Initials

ACTIVITY AUTHORIZATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child to appear in any media coverage approved by Kaleidoscope Corner.	Parent/Guardian Initials		
I give permission for my child to view: <i>(please circle any that apply)</i>		<input type="checkbox"/> G Movies	<input type="checkbox"/> PG Movies	<input type="checkbox"/> No Movies	Parent/Guardian Initials
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any activities your child cannot participate in due to physical, social or religious reasons?	<i>(If yes, please specify)</i>		Parent/Guardian Initials
Personal Release Statement: I understand that there is risk of injury in any recreational or sport activity and I voluntarily assume such risk. I take full responsibility for the actions and physical condition of my child. I agree to indemnify and hold harmless the Department of Extended Learning and Denver Public Schools from liability, loss, cost or expense (including attorney's fees, medical, dental and ambulance costs) that my child may incur while participating in Kaleidoscope Corner activities.					Parent/Guardian Initials

SUNSCREEN AUTHORIZATION

Kaleidoscope Corner will be providing **Rocky Mountain Sunscreen SPF 30** (Find ingredients on our website) to students for use before any outdoor play or activities.

Children 4 years of age and older must apply sunscreen to themselves under the direct supervision of a staff member. Kaleidoscope Corner staff **will not** apply sunscreen to your child(ren).
Kaleidoscope Corner staff **will be** responsible for reminding your child to apply sunscreen prior to outdoor activities.
Kaleidoscope Corner staff **will be** responsible for applying sunscreen to children that are 3 years old.

If you do not want your child to use Rocky Mountain Sunscreen, please provide an individual bottle of sunscreen with your child's full name to Kaleidoscope Corner.

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/>	YES , I authorize my child to apply Rocky Mountain Sunscreen SPF 30 while at Kaleidoscope Corner.
<input type="checkbox"/>	YES , I authorize Kaleidoscope Corner staff to apply Rocky Mountain Sunscreen SPF 30 to my 3-year-old child while at Kaleidoscope Corner.
<input type="checkbox"/>	YES , I authorize my child to apply sunscreen which I will provide while at Kaleidoscope Corner. Please provide an individual bottle of sunscreen labeled with your child's full name.
<input type="checkbox"/>	YES , I authorize Kaleidoscope Corner staff to apply sunscreen I will provide to my 3-year-old child while at Kaleidoscope Corner. Please provide an individual bottle of sunscreen labeled with your child's full name.
<input type="checkbox"/>	NO , I do not authorize sunscreen to be applied to my child while at Kaleidoscope Corner and will apply sunscreen to my child daily.

Parent/Guardian Signature	Date
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PARENT PERMISSION FOR EXCURSION

During Kaleidoscope Corner programming, students will be given the opportunity to participate in excursions. On excursions, children take school buses, walk, or use some other means of transportation. **If you sign the space below, your child will be allowed to join in these excursions.** Kaleidoscope Corner will send information home before each excursion – by note or some other means – to provide information on the place to be visited and the date of the excursion. At that time, you may revoke your permission for your child to go on any specific excursion. The district and Kaleidoscope Corner are not responsible for any student injury sustained on an excursion.

I have read the foregoing information and consent to my child's being taken on excursions during Kaleidoscope Corner programming.

Parent/Guardian Signature	Date
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