

Kitty's Kids at Shady Grove, Inc.

**Located in Shady Grove United Methodist Church
(8209 Shady Grove Road)
P.O. Box 8
Mechanicsville, Virginia 23111**

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Email: Kittyskidsinc@gmail.com

Website: <http://www.kittyskids.net>

Director: Dee Shifflett

Assistant Director: Gina Overton

Registration Packet for Summer Camp 2024 & 2024-2025 School Year

Kitty's Kids at Shady Grove, Inc.

Philosophy

He said to the disciples, "Let the children come to me, and do not stop them, because the Kingdom of God belongs to such as these." Mark 10:14

Kitty's Kids at Shady Grove, Inc. is an outreach ministry of Shady Grove United Methodist Church. Kitty's Kids is offered for children ranging from 3 years old through 5th grade. Kitty's Kids accepts all of God's children of all races, gender, color and national or ethnic origin. Kitty's Kids recognizes that in the world we live today, parents need a secure environment where their children can grow and develop socially, emotionally, physically, and spiritually. As servants of Christ, the Kitty's Kids staff creates a loving and nurturing Christian atmosphere.

Registration Information

Enclosed you will find a registration form and guidelines for registering. By completing these forms and paying the registration fee, you will secure your child's spot. **Children, even those currently enrolled, must be re-registered for the Summer Session and/or the next School Year Session.**

- + In order for your child to attend, they must be at least three years old and potty trained. For School-age children, transportation is provided from Mechanicsville Elementary by the county school bus and from Laurel Meadow, Pole Green, and Washington Henry Elementary by the Kitty's Kids bus.
- + A registration fee of \$85 is due **annually** for each child. Registration fees are not refundable should your child not attend the program. The only case in which a registration fee will be refunded is if the class you have registered for is no longer offered through Kitty's Kids. Children will be enrolled on a first come/first served basis. Your child will not be enrolled in a class until the registration fee has been paid.
- + A copy of the child's certified **Birth Certificate, Immunization Records & Medical Insurance Card** must be provided before your child may begin.
- + Kitty's Kids does not supply lunch. We supply a morning and afternoon snack (excludes Traditional Preschool classes). We ask that you bring a lunch that does not need to be heated and if needed, include an icepack for cooling. Lunches will not be refrigerated. Please do not send soda or glass bottles in lunches.
- + Items to bring for Preschool: Change of Clothes & Nap Supplies if needed (small mat and blanket/small sleeping bag, small pillow, small stuffed animal or lovey)

Discounts Offered Through Kitty's Kids

Multiple Child Discount: Discounts are given to families with more than one child enrolled at the same time. The family will receive a 10% discount off tuition of the second, third, etc. child enrolled. The child with the highest tuition rate will pay the full price and the discount will be extended to all other children. Activity fees and Registration fees will not be discounted. This discount does not apply to Drop-In rates.

Shady Grove Member Discount: Any child whose parent/guardian is a member of Shady Grove UMC will receive a 10% tuition discount. In addition, a \$20 credit will be applied to the Registration fee if the child is registered by May 1, 2024. Activity fees will not be discounted. This discount does not apply to Drop-In rates.

Military Discount: Any child whose parent/guardian is an **active member** of any military service will receive a 10% tuition discount. Proper documentation of active military service must be provided to the office. Activity fees and Registration fees will not be discounted. This discount does not apply to Drop-In rates.

Vacation Discount: Students attending as "Drop-In" students or students enrolled in a Traditional 3's or Traditional PreK class (September – May) do not qualify for a vacation discount. For all other classes, a **maximum** of two weeks of vacation may be taken and paid for at ½ of the program weekly rates provided your child does not attend at all during the specified week. For students attending the Summer Session only, a one week vacation credit may be taken. Vacation must be used during the current school/summer term (September – August) and may not be carried over. This vacation discount can only be used if your account is current. The vacation discount cannot be applied to an outstanding balance or be applied retroactively. The office staff will need to be notified prior to taking this vacation discount.

Kitty's Kids at Shady Grove, Inc.
Preschool & School-Age Tuition and Fees
Summer Camp 2024 & 2024-2025 School Year

Registration Fee: \$85 due annually upon enrollment. This fee is refundable only in the event Kitty's Kids at Shady Grove, Inc. fails to offer the class for which you have registered.

***In order to enroll in a Fall 3/4 Year Old Class, the child's birth date must be before Oct. 1, 2021.**

***In order to enroll in a Fall Pre-K Class, the child's birth date must be before Oct. 1, 2020.**

***In order to enroll in the 2024-2025 Afterschool Program, the child must be in Kindergarten through 5th grade at Laurel Meadow, Pole Green, Washington Henry, or Mechanicsville Elementary.**

Tuition for Summer Camp 2024 Preschool or School-age (tuition due weekly) and Tuition for 2024-2025 School Year Full Time Preschool (tuition due weekly):

Full Time (Four or more days per week)	\$172
Three Full Days per Week	\$133
Five Half Days per Week*	\$110

*half day = up to 5 regularly scheduled hours per day

Tuition for 2024-2025 School Year Traditional Preschool 9am-12:30pm only (tuition due monthly):

Four Day (TWThF) Preschool (4/5 year old children)	\$280
Three Day (TWTh) Preschool (3/4 OR 4/5 year old children)	\$250
Two Day (TTh) Preschool (3/4 year old children)	\$215

Tuition for 2024-2025 School Year Afterschool School-age Program (tuition due weekly):

After School only	\$112
Van Fee - Applies to Pole Green, Washington Henry and Laurel Meadow Elementary School students	\$10
School Closed Fee (additional to weekly rate)	\$15 (each extended day)
Before School Care - Mechanicsville Elementary only	\$5

Activity Fees for 2024 Summer Camp (due 1st week of Summer):

School-Age (Kindergarten – 5 th grade)	\$170
Four/Five Year Old PreK Classes	\$100
Three/Four Year Old Classes	\$50

Activity Fees for 2024-2025 School Year (due September 2024 and January 2025):

Afterschool School-age Program (Kindergarten – 5 th Grade)	\$20
Four/Five Year Old PreK Classes	\$43
Three/Four Year Old Classes	\$38

Drop-In Fees for 2024 Summer Camp based upon availability and approval by Director:

Full Day (more than 5 hours)	\$50	Half Day (less than 5 hours)	\$30
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Drop-In Fees for 2024-2025 School Year based upon availability and approval by Director:

Full Day (more than 5 hours)	\$50	Half Day (less than 5 hours)	\$30
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Kitty's Kids at Shady Grove, Inc.

Preschool & School-Age Program Registration Form

I am registering my child for the following program. Please check all that apply:

Summer Camp 2024 June – August 7:00am-5:45pm			
Full Time	School-Age _____	Pre-K Preschool _____	Preschool 3's _____
5 Half Days	School-Age _____	Pre-K Preschool _____	Preschool 3's _____
3 Full Days (M T W Th F)	School-Age _____	Pre-K Preschool _____	Preschool 3's _____
School Year 2024-2025 PRESCHOOL August – May 7:00am-5:45pm			
Full Time	Pre-K _____	Preschool 3's _____	
5 Half Days	Pre-K _____	Preschool 3's _____	
3 Full Days (M T W Th F)	Pre-K _____	Preschool 3's _____	
School Year 2024-2025 TRADITIONAL PRESCHOOL September – May 9:00am-12:30pm			
4 Day TWThF	Pre-K Preschool _____		
3 Day TWTh	Pre-K Preschool _____		
3 Day TWTh	Preschool 3's _____		
2 Day TTh	Preschool 3's _____		
School Year 2024-2025 SCHOOL-AGE August – May After School Care			
Full Time	After School Care School-Age _____		
3 Days (circle M T W Th F)	After School Care School-Age _____		
School Van Pick-Up (Laurel Meadow, Pole Green & Washington Henry students)		additional \$10 weekly _____	
Before School Care (available for Mechanicsville Elementary students only)		additional \$5 weekly _____	

Child's Full Name: _____ Date of Birth: ____/____/____ M / F

Name Child Prefers: _____ School Attending Sept. 2024: _____ Grade: _____

Household Information: Duplicate Information Requested Y / N
 Parent/Guardian #1: _____ Relationship to Child: _____

Address of Primary Residence: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Guardian #1: _____ Home Phone: _____

Occupation & Title: _____ Work Phone: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Address of Residence: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Guardian #2: _____ Home Phone: _____

Occupation & Title: _____ Work Phone: _____

Is either parent/guardian a **member** of Shady Grove United Methodist Church, Mechanicsville VA? _____

Is either parent/guardian an **active member** of any military service? _____ If YES, provide copy of ID to office.

Name/Ages of **siblings** who currently attend Kitty's Kids: _____

A Registration Fee of \$85 must accompany this application in order to hold enrollment for your child. This fee is refundable only in the event Kitty's Kids at Shady Grove, Inc. fails to offer the class for which you have registered.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Start Date: _____ Date Registration Fee Paid: _____
 Cash/Check # _____ Registration Accepted By: _____

Kitty's Kids at Shady Grove, Inc.

Health & Emergency Information Record

Child's Name: _____ Date of Birth: ____/____/____

Mother's Name: _____ Father's Name: _____

List any dietary restrictions or special circumstances which may be a factor in your child's present behavior (divorce, death, new baby, recent move, hospitalization, etc.).

List any long-term medical conditions that will affect your child's daily routine.

Does your child suffer from the following: Asthma ____ Hay Fever ____ Frequent Colds ____
Hives ____ Earaches/Tubes ____ Stomach Aches ____ High Fevers ____
Nursemaid Elbow ____ Does he/she vomit easily? ____

Is your child allergic to Bee Stings? YES ____ NO ____ What symptoms appear? _____

Does your child have any food allergies or other allergies? _____

What symptoms appear related to this food allergy? _____

DOES YOUR CHILD REQUIRE AN EPIPEN ONSITE FOR ANY OF THESE ALLERGIES? YES ____ NO ____

Emergency Contacts if Parents/Guardians listed above are unavailable (local contacts only):

Name: _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Other: _____

Name: _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Other: _____

Child's Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

Date of Last Tetanus Booster: _____

Insurance Company: _____ Policy #: _____

Pick-Up Authorization

In addition to the Parents/Guardians/Emergency Contacts already listed, the following persons have permission to pick up my child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

The following persons DO NOT HAVE PERMISSION to pick up my child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

As per the court order on file, the following person(s) is/are NOT authorized to pick up my child:

Name: _____ Relationship: _____

If you have legal custody of this child, a copy of the Court Order must be filed in the child's record to protect the center when refusing to release the child to a parent or other individual.

Parent/Guardian Signature _____ Date _____

Kitty's Kids at Shady Grove, Inc.

CHILD'S NAME: _____

ENROLLMENT AGREEMENT

By signing and initialing this form, I understand and agree to these guidelines and procedures involved in the enrollment of my child at Kitty's Kids. I am verifying that my child is at least three years of age and potty trained. Before my child begins, I will provide a current copy of their immunization records, birth certificate and proof of insurance. I also understand that school-aged children will be transported to Kitty's Kids by either the Hanover County school bus (Mechanicsville students) or the Kitty's Kids bus (Laurel Meadow, Washington Henry and Pole Green students). Please read and initial the following:

Tuition and Fees

- The Registration Fee of \$85 shall be paid in advance to enroll my child. This is an annual fee and is not refundable unless the registered class is no longer offered through Kitty's Kids. This registration fee enrolls my child for one summer program and one school year program.
- I will pay the weekly or monthly fees according to the rates listed. I understand payments are due by each Monday or the first day the child returns to the program. For Drop-In children, the payment is due on the day the child attends.
- If using a Vacation credit, I will notify Kitty's Kids no later than the week prior to using the credit. I understand that a vacation week is discounted at 1/2 of the current week's tuition.
- Late Pickup - I will be charged \$2 per minute per child if my child is not picked up by the designated closing/scheduled time (12:30pm for Traditional Preschool & 5:45pm for a normal operating day). I also understand that Kitty's Kids may close early on specified days/holidays and weather related situations.
- If no payment is received for the week/month, a \$10 late fee will be charged. All activity fees are deemed late if not paid the first week of the month in which they are charged (June, September & January).
- I will be held accountable for any bank fees charges which may occur for returned checks.
- To end my child's enrollment, a written two-week notice is required. If no notice is given, I will be charged the normal tuition for those two weeks whether my child attends or not.

Daily Procedures

- I understand that if my child is here for lunch, I am responsible for supplying my child with lunch. Kitty's Kids asks that items do not need to be heated and that if needed, an icepack is included for cooling. Lunches will not be refrigerated. No sodas or glass bottles will be packed in my child's lunch.
- **I understand the center will be closed for the following holidays for the Summer 2024 and the 2024-2025 School Year program: July 4th (Independence Day), August 12th (Teacher Work Day), September 2nd (Labor Day), November 28th & 29th (Thanksgiving Day & Day After), December 24th & 25th (Christmas Eve & Christmas Day), January 1st (New Year's Day), April 18th (Good Friday), & May 26th (Memorial Day).**
- Kitty's Kids agrees to notify the parent/guardian whenever my child becomes ill and it is my duty to make arrangements to **have someone available to promptly (within a half hour)** pick up my child. I also understand that I need to notify Kitty's Kids if my child develops any reportable communicable diseases or life threatening diseases.

Medical Permission - I authorize Kitty's Kids to obtain immediate medical care if any emergency occurs and the parent/guardian cannot be reached. I understand that Kitty's Kids will make every effort to contact the parent/guardian and I understand that until the arrival of a parent or an ambulance, the Kitty's Kids office staff will be in charge and make all decisions about the care of my child. I will be responsible for the payment of such care or treatment.

Photos - I authorize Kitty's Kids to take photographs of my child. These pictures may be used for class projects, bulletin boards, newsletters, brochures or slide shows, etc.

Field Trips - I authorize my child to participate in field trips sponsored by Kitty's Kids and be transported for such activities. Detailed information regarding each outing will be sent home prior to each field trip. I also understand that I must provide a child restraint seat if my child is under 4.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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PERMISSION TO PARTICIPATE IN SWIMMING AND WADING ACTIVITIES
Summer 2024 / 2024-2025 School Year

Licensing standards at 8VAC20-780-460 & 8VAAC20-780-480 require:

- A parent's written permission of each child who participates in swimming or wading;
- A parent's written statement advising of the child's swimming skills before the child is allowed in water; and
- When one or more children are in water more than 2 feet deep -
 - At least 2 caregivers to be present and able to supervise the children; and
 - A designated certified lifeguard (not included in the staff-to-children ratio)

Name of Child: _____

My child is a: <input type="checkbox"/> **Swimmer <input type="checkbox"/> Non-swimmer	
Other Information on Child's Swimming Skills: ** Swimmer can swim without floaties or help	
I give permission for my child to participate in swimming/wading activities: _____	Date of Permission (valid for one year) Effective from 6/03/2024
Parent Signature	

Religiously Exempt Child Day Center Program
Decision to Administer Medications 2024-2025

My program has made the following decision regarding the administration of medications to a child in my program:

I (or my staff) **WILL** administer prescription and non-prescription medications.

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Name of Child: _____

Provider's Name (please print): Dee Shifflett	Facility Name: Kitty's Kids at Shady Grove, Inc.
Provider's Signature:	Date:
Parent's Signature:	Date:

Authorized Staff to Administer Prescription Medications

The program will administer prescription medications in accordance with the physician's or other prescriber's instructions and in accordance with the standards of practice in the MAT training. Only a provider who has successfully completed the MAT training or has appropriate licensure to administer prescription medications and is listed as a medication administrator in the *Program's Decision Regarding Medication Plan* will be permitted to administer prescription medications in my program.

I understand that any individual listed in this section as a medication administrator is approved to administer prescription medications using the following routes: topical, oral, inhaled, eye, ear, medication patches, and epinephrine using an auto-injector device.

I understand that to be approved to administer prescription medication, all individuals listed in my *PROGRAM'S DECISION REGARDING MEDICATION* plan (unless the individual is licensed to administer prescription medications) must have a valid:

- Medication Administration Training (MAT) certificate;
- CPR certificate which covers all ages of the children my program is approved to care for as listed on my registration/license; and
- First Aid certificate which covers all ages of children my program is approved to care for as listed on my registration/license.

Medication Administrator(s) (2024-2025)

MAT certificates (or documentation of licensure to administer prescription medications), age appropriate First Aid certificates, and CPR certificates for the staff listed below will be kept on site and be available upon request.

Provider/Staff Name: Dee Shifflett

Provider/Staff Name: Gina Overton

Provider/Staff Name: Leslie Clark

Provider/Staff Name: Kim Edwards

Provider/Staff Name: Dixie Chappell

Provider/Staff Name: Shayna Thulin

Confidentiality Statement

Information about any child in my program is confidential and will not be given to anyone except VDOE designees or other persons authorized by law unless the child's parent or guardian gives written permission. Information about a child in my program will be given to the local department of social services if the child receives a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

Rehabilitation Act of 1973

I understand that if my program receives any federal funding (such as child care subsidy from a local department of social services), I am subject to Section 504 of the Rehabilitation Act of 1973 which is similar to the provisions of the Americans with Disabilities Act. If a child enrolled in my program now or in the future is identified as having a disability covered under the Rehabilitation Act, I will assess the ability of the program to meet the needs of the child. For further information on the Rehabilitation Act and/or to seek legal counsel, go to the following website:

<http://www.dol.gov/oasam/regs/statutes/sec504.htm>

Provider Statement

I understand that it is my responsibility to follow my *PROGRAM'S DECISION REGARDING MEDICATION* plan and all health and infection control regulations applicable to my child day program.

I will verify and document the credentials for all new staff certified to administer prescription medications before the staff is allowed to administer prescription medications to any child in my child day program.

The *PROGRAM'S DECISION REGARDING MEDICATION* plan will be made available to parents at enrollment, whenever changes are made, and upon request.