Welcome!

Welcome to the 2019-2020 Burlington Kids Afterschool Program. We offer after school programming every school day after students are dismissed at either 1:50pm (Wednesdays) or 2:50pm until 5:30pm, at J.J. Flynn Elementary, C.P. Smith Elementary, Edmunds Elementary, the Sustainability Academy at Lawrence Barnes, and Champlain Elementary, with the exception of District-wide early release days for staff training when we do not have program.

Program Description

The program offers enrichment and recreation opportunities alongside academic support in a format that meets families’ after school needs. We offer a variety of activities in three sessions, which you and your child sign up for ahead of time. Please see the schedule below for important dates.

| Pre-Session: Kindergarten | 9/3- 9/13  
* no program for K’s on their first 3 half-days: 8/28, 29 & 30 | ONLY for families needing Afterschool care.  
No activity sign-ups for this session |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>9/16-11/22</td>
<td>Activity Brochures go home at the start of the school year.</td>
</tr>
<tr>
<td>Sessions 2 &amp; 3</td>
<td>***</td>
<td>***Site Director to provide dates for your school</td>
</tr>
</tbody>
</table>

Enrollment Process Checklist

1.) Complete this registration packet for your kindergartner and return to:
   The Site Director at your child’s school.
   See next page.

2.) If you are trying to enroll after June 12, 2019, deliver the completed packet to:
   Attn: Nina Mazuzan
   Burlington Kids  
   150 Colchester Ave  
   Burlington VT 05401

3.) Confirm a payment plan or complete
   Financial Support paperwork. This is needed before your child can attend. NOTE: Any outstanding balance from another child's prior attendance must also be paid in order to secure your kindergartner's spot(s).

4.) You will receive a letter confirming your enrollment after submitting the completed registration packet, including the signed Billing Form and after our staff have verified that you have successfully completed the BSD online Student Information Update form (including all required documentation).

5.) Read and sign the Family Handbook that will be provided after you submit the packet.
Program Fees

Please review, sign and return the Billing/Financial Overview form included in this packet. This and the fully completed packet are needed before your child can attend.

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afternoon Program:</td>
<td>$15.00 per child, per day</td>
</tr>
<tr>
<td>end of school day – 5:30pm*</td>
<td></td>
</tr>
</tbody>
</table>

* Late pick-up policy: There is a Late Pick-Up Fee of $10 (per family) for each 5 minutes past the 5:30 pm close of programming. Any late charges will appear on your monthly bill.

Contact Information

We look forward to working with you and your children. If you have any questions about the program or need help registering, please contact:

<table>
<thead>
<tr>
<th>Admin Support Team</th>
<th>Phone #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nina Mazuzan</td>
<td>489-6358</td>
<td><a href="mailto:nmazuzan@bsdvt.org">nmazuzan@bsdvt.org</a></td>
</tr>
<tr>
<td>Lead Site Director, Burlington Kids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ali Dieng</td>
<td>316-0731</td>
<td><a href="mailto:adieng@bsdvt.org">adieng@bsdvt.org</a></td>
</tr>
<tr>
<td>Family Outreach Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phuket Jennings</td>
<td>324-7872</td>
<td><a href="mailto:pjenning@bsdvt.org">pjenning@bsdvt.org</a></td>
</tr>
<tr>
<td>Billing Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christy Gallese</td>
<td>540-0285</td>
<td><a href="mailto:cgalles@bsdvt.org">cgalles@bsdvt.org</a></td>
</tr>
<tr>
<td>Director of Expanded Learning Opportunities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site Directors</th>
<th>Phone #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karlie Gunderson</td>
<td>316-1681</td>
<td><a href="mailto:kgunders@bsdvt.org">kgunders@bsdvt.org</a></td>
</tr>
<tr>
<td>Site Director, Champlain Elementary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lindsey Hamblet</td>
<td>316-1153</td>
<td><a href="mailto:lhamblet@bsdvt.org">lhamblet@bsdvt.org</a></td>
</tr>
<tr>
<td>Site Director, C.P. Smith Elementary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leigh Madalinski</td>
<td>316-0195</td>
<td><a href="mailto:lmadalin@bsdvt.org">lmadalin@bsdvt.org</a></td>
</tr>
<tr>
<td>Site Director, Edmunds Elementary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandi Harris</td>
<td>864-8500</td>
<td><a href="mailto:mharris@bsdvt.org">mharris@bsdvt.org</a></td>
</tr>
<tr>
<td>Sr. Site Director, Flynn Elementary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nick Chmura</td>
<td>324-6723</td>
<td><a href="mailto:nchmura@bsdvt.org">nchmura@bsdvt.org</a></td>
</tr>
<tr>
<td>Site Director, Sustainability Academy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Burlington Kids Afterschool Program
Kindergarten Registration Form 2019 - 2020

General Information

Child’s Name:__________________________________ Date of Birth __________________________
Gender _____ Grade (2019-2020) __K____ School _______Teacher_______________________
Do you have other children who previously attended BKids? Yes / No   If yes, which school(s)?___________
What language is spoken at home? ________________________________________________________________

Guardian
Name _______________________________
Relation _____________________________
Best phone to reach you: (____)____________
Next best phone: (____)__________________
Email _______________________________
Address _____________________________

Second Guardian
Name _______________________________
Relation _____________________________
Best phone to reach you: (____)____________
Next best phone: (____)__________________
Email _______________________________
Address _____________________________

Emergency Contact Information

TWO CONTACTS OTHER THAN PARENTS/GUARDIANS are REQUIRED for our childcare license.

Emergency Contact #1
Name _______________________________
Relation _____________________________
Address _____________________________
Best Phone (____)______________________
Other phone (____)_____________________

Emergency Contact #2
Name _______________________________
Relation _____________________________
Address _____________________________
Best Phone (____)______________________
Other phone (____)_____________________

Pick-Up Information

How will your child get home? _____________________________________________________________

Please list names of any adults and/or siblings who are permitted to pick up your child from afterschool:

Name ______________________ Relation _______ Best Phone: (____)_____________________
Name ______________________ Relation _______ Best Phone: (____)_____________________
Name ______________________ Relation _______ Best Phone: (____)_____________________
Name ______________________ Relation _______ Best Phone: (____)_____________________

Ofc use: ______ date rec’d
____ by
____ OB
____ CLS ______ date
Burlington Kids Enrollment

Please mark with an X the days you are requesting for your child to attend Burlington Kids:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>

NOTE: We will try to honor your request. All sites have a licensing capacity that cannot be exceeded. Some sites have a maximum number of spots available for all grades, including Kindergartners. A wait list will be established if needed. Contact the Nina Mazuzan for more information.

JOIN OUR NEWSLETTER!

Subscribe to our Newsletter to stay informed about our programs, upcoming events, and news about other Expanded Learning Opportunities.

_____ Yes, I would like to receive the newsletter.
   My Email Address: ________________________________

_____ No, I am not interested
Permission Form & Statement of Understanding

A parent or guardian for each participant must fill out this form to provide or refuse permission for the following situations and opportunities offered to students as part of Burlington Kids Programming:

1. During after school hours, students may take field trips with their after school classes. After school groups will take walking and bus field trips throughout the greater Burlington area. Please complete this piece to give permission for your child to participate in both.
   ➢ I do / do not (circle one) give permission for my child _____________________ to participate in all field trips that are part of the Burlington Kids Afterschool Program.

2. Students may have the opportunity to swim at the YMCA or The Edge, or to visit Burlington beaches, including Oakledge or North Beach.
   ➢ I do / do not (circle one) give permission for my child _____________________ to participate in swimming/wading activity with proper supervision, which includes a certified life guard.

3. We frequently take photographs and short videos of students participating in activities. This section gives your permission for your child’s photograph or video image to be used in the newspaper, brochures, or via social media through our website, Facebook, Twitter, Instagram and also gives permission for any television coverage. Student names will not be shared without requesting specific parent approval.
   ➢ I do / do not (circle one) give permission for my child _____________________ to participate in any photo or video session that may be part of Burlington Kids Afterschool Program.

4. Occasionally, an activity may include showing a movie. Licensing regulations require permission from parents for students to view a PG movie. This section give your permission for your child to view a PG movie.
   ➢ I do / do not (circle one) give permission for my child _____________________ to watch a PG movie that may be part of an activity.

5. Additionally, all staff members of Burlington Kids are mandatory reporters.
   ➢ I understand that Vermont law mandates that all Burlington Kids staff report any suspected child abuse or neglect to the Department for Children and Families.
   YES, I understand _________ (please initial to indicate your understanding)

6. If your child needs to have a non-prescription topical lotion applied (such as ointments, creams, sunscreen, insect or tick repellant, or other type of lotion):
   ➢ I give the staff at BKids the authority to apply such a lotion and will provide it to the Site Director with instructions for appropriate use.
   YES, I understand _________ (please initial to indicate your understanding)

__________________________________________ _______ _________________
Parent/Guardian’s Signature            Date

__________________________________________
Parent/Guardian’s Name
Medical Information

Child’s Name: ___________________________ Date of Birth: _____________
Child’s Physician: ______________________ Phone: ________________
Child’s Dentist: ________________________ Phone: ________________

In an emergency, do you give permission for us to contact your physician / dentist or to seek emergency medical care? (circle one) Yes No

Please complete this section thoroughly:

1. Is your child on an IEP or 504 plan? (circle one) Yes No
   If so, who is their case manager/ special educator? ________________ *
   For more info, see parent handbook

2. Food or other allergies: ____________________________________________
   ________________________________________________________________

3. Physical limitations (asthma, etc): __________________________________
   ________________________________________________________________

4. Special dietary requirements (include religious or cultural limitations):
   __________________________________________________________________
   ________________________________________________________________

5. Other special needs: ______________________________________________
   ________________________________________________________________

6. Medication required: ______________________________________________
   ________________________________________________________________

Do you give permission to Burlington Kids staff to dispense medication that you provide? (circle one) Yes No

Name of Medication __________________ Purpose of Medication __________________
Dosage __________________ Time Needed __________________
Special Instructions __________________________________________________________
Warning Signs of Condition __________________________________________________
Possible Reactions/ side effects ______________________________________________
Doctor Prescribing Medication __________________ Doctor Phone Number _________
Name of Pharmacy ___________________________ Pharmacy Phone Number _________

__________________________  __________________________
Parent/Guardian’s Signature Date
Billing/Financial Overview

Please review the below information and policies, sign/date on the reverse and return with registration paperwork.

----------------------------------------

FEES

Mon/Tues/Thur/Fri, 2:50-5:30 p.m., Wed, 1:50-5:30 p.m. $15.00/child/day
Full Week $75.00/child
Late pick-up fee/family/each 5 min. increment after 5:30 p.m. $10

Participant fees are an important source of financial support for the program. We have made every effort to assure that these programs are affordable for all families and offer several ways to reduce the cost. These include State Childcare Subsidy, Sliding Scale Rates and Academic Supports (if qualified.) If you have concerns about the cost, please contact the Site Director or Ali Dieng, Family Outreach Coordinator, at 316-0731.

Financial Support: ___ I will pay the full fee.
(Please X all that apply) ___ I have CDD* Subsidy through Child Care Resource.
___ I am applying to Child Care Resource for Subsidy.
___ Please contact me for help with the Subsidy application.
___ I have applied for CDD Subsidy, but am not eligible.
___ I would like to apply for the BSD Sliding Scale Rate.

*BDD: Child Development Division

BILLS

• Bills are mailed to families at the start of each month for the previous month of afterschool.
• Families will be charged for all scheduled days, along with any late pick-up fees. Families are responsible for paying the daily fee based on the number of days a child is scheduled to attend, regardless of whether or not the child attends on those days.
• The daily fee represents the student’s “spot” in Burlington Kids, which defines the number of staff hired, supplies purchased and snack amounts ordered, etc. Burlington Kids cannot deduct fees from bills if a student is absent from the program.
• If families receive Subsidy, the amount will be credited to their account as we receive the funds from the State. Families who receive Subsidy will be billed later in the month as these funds are received after the month is over.
• Families who receive Sliding Scale or Academic Scholarship Discounts will see the reduced charges on each month’s bill.

(continued on reverse)
PAYMENT

• Payment is expected two weeks after receipt of the Invoice.
• Credit card payments are accepted; details for this process are noted on the reverse of Invoices.
• Checks should be made payable to Burlington Kids and should note the student's name and/or Invoice Number. Cash and money orders are also accepted. Payments may be mailed (or dropped off in the case of cash/money orders) to:

  Burlington Kids  
  150 Colchester Ave.  
  Burlington, VT 05401  

NOTE: Site Directors cannot accept any payments at the program sites.

OVERDUE BALANCE POLICY

• At point of registration, all overdue balances must be paid in full, including balances from previous school years and for siblings.
• Periodically, families will receive written notice of any overdue balance owed and will be given a certain amount of time to pay the balance in full.
• If it is not possible to pay in full, families will be asked to contact the Billing Specialist to establish a written Payment Plan.
• If these balances are not paid in full or a Payment Plan is not put in place, students will not be able to attend the program after the noted deadline. Students may resume attending the program after the balance has been paid in full or a written Payment Plan is put in place, assuming that the space has not been given to a waitlisted student.

Any questions about bills should be directed to Phuket Jennings, Billing Specialist.  
324-7872 or pjenning@bsdvt.org.

TO BE COMPLETED BY PARENT/GUARDIAN:

Name of student(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

School: __________________________________________________________

This form must be signed and returned in order for your student(s) to be enrolled.

I have read the above information and agree to follow the Burlington Kids Billing Policy.

Signature: ___________________________ Date: ___________________________