KOHLER SCHOOL SUMMER PROGRAM

2018 KOHLER KARE:

JUNE 11TH THRU AUGUST 28TH 2018

CLOSED JULY 4TH 2018

HOURS 7:30 A.M. UNTIL 5:30 PM

STARTING JK THRU 5TH GRADE

$50.00 YEARLY FEE WHEN REGISTERING

COST: FULL DAY RATE (OVER 4.5 HOURS) $37.00

HALF DAY RATE (UNDER 4.5 HOURS) $20.00

CONTRACTED WEEKLY HOURS: WILL BE BILLED UNLESS USING CONTRACTED VACATION TIME WHETHER CHILREN ARE PRESENT OR NOT.

ONE DAY VACATION PER ONE DAY AT DAY CARE EARNED.

KOHLER KARE: WILL DELIVER STUDENTS TO AND PICK UP FROM SWIMMING, TENNIS, SOCCER, AND ANY OTHER SESSIONS SIGNED UP FOR WITH THE VILLAGE REC DEPT.

COLD LUNCHES, BEVERAGES, AND UTENSILS: NEED TO BE PROVIDED BY PARENTS. AFTERNOON SNACKS PROVIDED BY KOHLER KARE.

STATEMENT FOR THE PREVIOUS MONTH WILL BE SENT TO PARENTS BY THE THIRD OF THE CURRENT MONTH WITH LATE CHARGES APPLIED TO ALL PAST DUE STATEMENTS OVER THIRTY DAYS. SIXTY DAYS LATE AND NO KOHLER KARE ALLOWED UNLESS PAYMENT ARRANGEMENTS ARE MADE.

KOHLER KARE CONTACT: LINDA NEIL 920-803-7250 OR 920-803-7271 **EMAIL:** neill@kohler.k12.wi.us

Student Information:

EMAIL ADDRESS TO BE CONTACTED AT:_____

Student Last Name _____ First Name _____

Street Address _____

City _____ ZIP _____ Home Phone _____

Circle Grade Level Completing this school year: **Grade JK SK 1 2 3 4 5**

Emergency Contact:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

3. Name _____ Phone # _____

For your signed contracted time please indicate days and times you will be using Kohler Kare:
(Check box and fill in time)

☐ **Monday From_____ to _____**

☐ **Tuesday From_____ to _____**

☐ **Wed. From_____ to _____**

☐ **Thursday From_____ to _____**

☐ **Friday From_____ to _____**

Make Check payable to:
School District of Kohler

I give permission to my child registered above to participate in the Kohler Kare Summer Program. I understand my child's participation is voluntary.

I understand that I am liable for contracted hours per week of actual Kohler Kare bill with only one week exempted for a family vacation. One day vacation earned per day in Kohler Kare.

I also understand while playing in the athletic events that my child will be exposed to physical play and that there is always the possibility of injury. I agree to hold the District and its employees harmless in the event of injury to my child resulting from normal athletic activity during play.

Parent/Guardian Signature _____

Date ____/____/____

Print above Signature _____

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