



**@Raintree Church**

**Monday and Tuesday, June 1<sup>st</sup>- July 28<sup>th</sup>, 9:15 am- 1:15 pm**  
**(KDO will be closed on July 6<sup>th</sup> & 7<sup>th</sup>)**  
**Available for ages 2 to those going into 4<sup>th</sup> grade**

### **FEES:**

- \$20 daily for the first child, and \$12 for each additional child
  - June 1<sup>st</sup> through July 28<sup>th</sup> each
- \$30 non-refundable supply fee for each child, due at the time of enrollment

### **Daily Procedure:**

- Drop-off starts at 9:10 am
  - Sign-in each day at the check-in table
  - At sign-in designate who will be picking your child up
    - If this person changes during the day, you must call and let Robin Erisman know or your child will not be released
- Pick-up your child by 1:15 pm each day in pick up line.
  - Starting at 1:25 pm a late fee of \$5 will be charged every 15 minutes

### **Supplies:**

- Your child will need a lunch and a drink each day, labeled with their name  
**\*NO NUT OR PEANUT BUTTER PRODUCTS ALLOWED\***
- An additional water bottle, marked with your child's name, for when they go outside
- If your child is not potty trained, please send them with diapers, wipes, and an extra set of clothing.

### **Health Policy:**

Every effort is made to protect your child from illnesses and disease. One ill child could cause many to become ill.

If a child displays any of the following symptoms, he/she must be kept at home, or will be sent home at the first signs:

- Fever
- Diarrhea (even once); unless accompanied by a doctor's note that states the issue is NOT a virus or infection (ie. Antibiotics/teething)
- Nasal secretions that are thick, yellow or green, and/or accompanied by fever. Cloudy or colored nasal secretions may indicate allergy; however, check with a doctor to rule out infection
- Sore throat with fever or throat spots
- Cough accompanied by fever, chills, and the coughing up of green or yellow mucous, vomiting or nausea.
- Eye drainage of any type should be checked by a doctor to rule out infection
- Child not feeling well, such as lethargic behavior and/or crying
- Lice
- Pink eye- includes "matted eyes" until a doctor can verify
- Skin rash or infection (boils, ring worm, impetigo, thrush, etc.)
- Difficult or rapid breathing
- Oozing or draining wound

If a child has become ill and sent, or kept at home, he/she may return after illness when:

- Child is fever-free for 24 hours WITHOUT THE AID OF MEDICINE
- Nausea, vomiting or diarrhea has subsided for 24 hours
- The prescribed amount of doses of an antibiotic have been given over a 24 hour period for any type of strep or bacterial infection
- Child is feeling well again and normal behavior has returned

\*Inform the school if your child becomes ill with any contagious illnesses, such as chicken pox, fifth disease (slapped-cheek), lice, etc.

**Emergency inhalers or EpiPens** can be given to the Robin to be kept for emergency use. They must be in the original labeled container with prescription directions, and a parent must provide authorization for administration *in writing* with a signature and date.

Medication will not be given without written permission from the parent.

*\*A continual problem of not being able to reach a parent when a child is sick or hurt could result in the child being withdrawn from the program.*

## **Parent Communication**

- FACEBOOK: RAIN TREE KDO closed group will be established for each family once enrolled and the summer program begins. Feel free to post general information and questions; however, this site will be monitored for appropriate content and also will not allow for solicitations. When a student no longer attends the ministry, the family will be removed.

**If you have any questions please call Robin Erisman at 816-935-9961 or the church office at 816-537-8111.**

# KDO ENROLLMENT APPLICATION 2020

***An application/supply fee of \$30 per child must accompany this form in order to hold the child's place.***

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

***\*Medical Information*** (medical conditions, food allergies, social issues): \_\_\_\_\_

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

**Parent/Guardian's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_

Street or PO Box

City

State

Zip

**Email** \_\_\_\_\_

***Emergency Contact*** (in case either parent cannot be reached):

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Who will be picking up your child from KDO?**

***Your child will NOT be released to anyone who is not listed.***

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone** \_\_\_\_\_

This form may be dropped off in church office or mailed to:  
101 SW Raintree Dr., Lees Summit, MO 64082 (ATTN Robin Erisman)

## Kid's Day Out Responsibility Form

### PLEASE READ, SIGN AND RETURN

I, the parent of \_\_\_\_\_ understand that the summer program fees are due by June 2nd for the month of June and July.

I understand that I cannot drop my child off before 9:10 am and they must be picked up by 1:15 pm each day. I will call the church office or Robin Erisman if the person listed to pick up my child changes. I understand my account will be charged \$5.00 for every 15 minutes starting at 1:25 pm if I am late picking up.

I understand that I am to supply my child with a sack lunch and drink each day. If I forget the lunch, the program director will contact me to bring a lunch to the church, if the director cannot contact me the program will provide a lunch for my child and my account will be charged \$2.00. I also understand that I MAY NOT send any nuts or peanut butter items due to allergies.

I agree that if my child gets injured during the program I will not hold the teachers, director, or church responsible for medical bills or the accident. If my child needs medical attention due to an accident during the program 911 will be called and I the parent will be called.

I will not bring my child if they are sick; I will read the health policy and follow it.

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

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_