

# 2016-2017 ALL STAR KIDS MIDDLE SCHOOL PROGRAM REGISTRATION PACKET

The registration period for the 2016-2017 Middle School Program will **OPEN** for **All FAMILIES** on May 2, 2016 at 6:30am and will remain open until maximum capacity has been reached (maximum capacity: 30 children). When maximum capacity has been reached, a waitlist will be created and all families will be notified.

## Where can I obtain a registration packet?

Registration packets will be available at each site location. Registration packets can also be obtained by contacting the Program Director at 402-672-4810 or by email at [jlrocca@bennps.org](mailto:jlrocca@bennps.org). Registration packets are also available on the Bennington Public Schools Foundation website: <http://www.benningtonschoolsfoundation.org/programs/allstar>.

## When and where do I need to submit my completed registration packet?

**Beginning on May 2, 2016, registration packets will be accepted and processed on a first come, first serve basis as outlined below:**

**Completed registration packets can be submitted in person** to any All Star Kids Elementary site location between the hours of 6:30am-8:00am and 3:07pm-6:00pm, Monday through Friday. *Site Directors will not accept any registration packets before or after the registration period.*

**Completed registration packets can also be mailed** directly to the Bennington Public Schools Foundation Office at: Bennington Public Schools Foundation, Attn: All Star Kids Program, 11620 North 156 Street, P.O. Box 309, Bennington, NE 68007. *Any registration packets received before or after the registration period will be returned.*

## When will I be notified as to whether or not my family has been enrolled or placed onto a waitlist?

After submitting your registration packet, you will be notified via the e-mail account(s) listed on your enrollment form within fourteen (14) business days as to whether your family has been enrolled or has been placed onto a waitlist.

**\*\*Please remember, if your registration packet is missing any required information (including any blank spaces left on your child's enrollment form) your registration packet will not be processed and will be returned to you immediately.**

## Additional Registration Information & Registration Checklist:

Please keep in mind that, while the All Star Kids program is offered in each of the Bennington Elementary Schools, we are a separate entity and any information you provide to the school will also need to be provided to the program.

### **In order to become completely registered, the following items must be submitted:**

- **A completed registration checklist** (*one form per family for the 2016-2017 program year*)
- **A completed registration form-*all fields must be completed*** (*one form per family for the 2016-2017 program year*)
- **A copy of your child's immunization records** (*this only applies to new families and children*)
- **A completed Tuition Express Form and voided check** (*all new families must submit this form-returning families only need to submit a Tuition Express form & voided check if they wish to make changes to their account*)
- **Signed Payment Agreement** (*one form per family per program*)

All Star Kids has updated all policies and procedures regarding payment and will no longer accept cash, checks, or money orders. All tuition and fees must be paid via Tuition Express, **no exceptions**. If you fail to submit a Tuition Express form with your registration packet, your family will not be enrolled into the All Star Kids program. Thank you for your full cooperation.

**\*\*The All Star Kids Program will be sending all registration correspondence via email for the 2016-2017 program year.**

## Communication Timeline

**Registration Packets** (will become available on May 2, 2016 online and at all three elementary site locations)  
**Enrollment Verification Emails** (will be emailed within fourteen business days of receiving your registration packet)  
**School Year Welcome Emails** (will be emailed on August 1, 2016 and will include a school year brochure)

To receive text alerts and information regarding the All Star Kids Middle School Program, please text [@ASKMiddle](https://www.facebook.com/ASKMiddle) to **81010!**

# 2016-2017 ALL STAR KIDS MIDDLE SCHOOL PROGRAM FEE SCHEDULE

**Registration Fee:** The annual registration fee is \$25 for the family's first child and \$15 for each additional child in the family. This fee covers enrollment in All Star Kids from May 30, 2016-May 26, 2017 and **will be included in your first Tuition Express pull of the 2016-2017 program year.**

## Annual Rates for School Year 2016-2017

*Tuition is based on enrollment and not attendance. Payment is due whether your child attends or not.*

### Full Time – Reserves a space each afternoon

**\$1200 for each child** (*Equal Deduction Amount: \$60 – deducted every other Monday*)

Annual tuition fees will be split into 20 equal deductions and will be deducted every other week. The first deduction of the 2016-2017 school year will take place on the first day of school, Wednesday, August 17, 2016. All following deductions will take place on Mondays with the exception of federal holidays, which tuition will be deducted the following business day.

**As a reminder, Tuition is strictly based on enrollment; not attendance or the number of dates between deduction dates. All non-school days have already been deducted from each enrollment category's annual amount.** Tuition is based on an annual rate that is then broken down into twenty equal, biweekly payment deductions for each category as listed on the 2016-2017 School Year Program Tuition Express Deduction Schedule (listed below).

**The only time your scheduled deduction amount would change is if a snow day were to occur (credit applied).**

## 2016-2017 School Year Tuition Express Deduction Schedule

<i>August 17, 2016</i>	<i>January 9, 2017</i>
<i>August 29, 2016</i>	<i>January 23, 2017</i>
<i>September 12, 2016</i>	<i>February 6, 2017</i>
<i>September 26, 2016</i>	<i>February 20, 2017</i>
<i>October 10, 2016</i>	<i>March 6, 2017</i>
<i>October 24, 2016</i>	<i>March 20, 2017</i>
<i>November 7, 2016</i>	<i>April 3, 2017</i>
<i>November 21, 2016</i>	<i>April 17, 2017</i>
<i>December 5, 2016</i>	<i>May 1, 2017</i>
<i>December 19, 2016</i>	<i>May 15, 2017</i>

**CHILD(REN) INFORMATION**

**#1 Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Grade (16-17)** \_\_\_\_\_ **#2 Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Grade (16-17)** \_\_\_\_\_

**#3 Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Grade (16-17)** \_\_\_\_\_ **#4 Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Grade (16-17)** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION # 1** **(ALL FIELDS ARE REQUIRED-DO NOT LEAVE BLANK!)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Address & Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION # 2** **(ALL FIELDS ARE REQUIRED-DO NOT LEAVE BLANK!)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Address & Phone Number: \_\_\_\_\_

**\*\*If divorced/separated, who has legal custody? \_\_\_\_\_ May the non-custodial parent pick up the child? \_\_\_\_\_ (If the answer is no, legal documentation must be presented) \*\*\***

**AUTHORIZED CONTACTS FOR PICK-UP** - *All Star Kids is authorized to release my child to (in addition to parents/guardians):*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**MEDICAL/EMERGENCY INFORMATION** - *In case of an emergency, if unable to contact parents/guardians, please contact: (At least one contact must be listed!)*

1.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**CONSENT TO CONTACT PHYSICIAN IN EMERGENCY** - *In the event I cannot be reached to make arrangements, I hereby give my consent to BPSF All Star Kids to contact and, if necessary take my child(ren)/( to the following doctor(s), clinics, or hospitals:*

Name of Physician	Phone	Address	Hospital(s)	Phone	Address	Health Insurance Provider (Optional)
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**CHILD(REN)’S MEDICAL & SPECIAL ACCOMMODATIONS INFORMATION** - *Please list any health issues, special concerns, or activities in which your child(ren) should not engage in below:*

**If your child(ren) do not have any health issues, special concerns, or activities that they should not be allowed to participate in, please list the name of each child enrolled and write N/A for each “Concern/Accommodation” field.**

**# 1: Name** \_\_\_\_\_ **Concern/Accommodation** \_\_\_\_\_ **# 2: Name** \_\_\_\_\_ **Concern/Accommodation** \_\_\_\_\_  
**# 3: Name** \_\_\_\_\_ **Concern/Accommodation** \_\_\_\_\_ **# 4: Name** \_\_\_\_\_ **Concern/Accommodation** \_\_\_\_\_

**Reminder: If medication is to be given at site (Prescriptions, Tylenol, Cough Syrup, Epi-Pen, Inhaler, etc.), a physician’s note & medication permission form must be provided!**

## ALL STAR KIDS PARENT/GUARDIAN AUTHORIZATIONS

**AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID:** I hereby authorize the Bennington Public Schools Foundation (hereinafter referred to as BPSF) staff, representing All Star Kids, to give consent for any and all necessary medical and First Aid care for my child(ren), while in All Star Kids custody.

Parent/Guardian Signature #1: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature #2: \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR MEDICATION & SUNSCREEN:** I have determined that BPSF All Star Kids is competent to give or apply medication to my child(ren). I understand that BPSF All Star Kids Directors have the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child(ren). I understand that all medication must be in the original container with the child's name, type of medication, date and amount and time of dosage. Medication will only be administered with a doctor's written recommendation.

Parent/Guardian Signature #1: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature #2: \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR PHOTOGRAPHY/PUBLICITY:** I give permission for my child(ren) to be photographed/filmed participating in activities at BPSF All Star Kids. I consent to the use of my child(ren)'s photograph and artwork in promotion and publicity materials published by the BPSF.

Parent/Guardian Signature #1: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature #2: \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR ACTIVITIES/TRANSPORTATION/FIELD TRIPS:** I give permission for my child(ren) to participate in supervised activities away from the regular site. This includes permission to be transported to activities by bus or van. *I understand that I will be notified in advance of activities off the premises.* Parents/Guardians are required by state law to supply BPSF All Star Kids with a federally approved child safety seat. I understand that there are foreseeable and inherent risks associated with field trip experiences. I further understand that the BPSF, the Bennington Public School District Board of Education and its employees, agents and representatives makes no representation as to the condition of the facilities. I agree to hold BPSF and the Bennington Public School District Board of Education and its employees, agents and representatives harmless from any and all claims whatsoever for damage to person and/or property that may result from these activities. Furthermore, I give my permission for my child(ren) to attend off-site BPSF All Star Kids field trips during the 2016-2017 program year. I agree to hold the BPSF harmless of any accidental injury. I understand that, on all days that All Star Kids has field trips, all scheduled staff members will be in attendance at the field trip. If I choose that my child will not attend a field trip, I understand that I am responsible for that day's payment and no care will be provided at the All Star Kids site, as all scheduled staff members will be supervising the field trip. I also understand that I will be responsible for finding care for my child(ren) on the day(s) I choose that they not attend the field trip.

Parent/Guardian Signature #1: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature #2: \_\_\_\_\_ Date \_\_\_\_\_

**RECEIPT OF DHHS PARENT INFORMATION BROCHURE:** I have received a copy of the Nebraska Department of Health and Human Services Parent Information Brochure, located on page 28 of the All Star Kids Family Handbook. I understand that it is my responsibility to read and understand the information listed in this brochure.

Parent/Guardian Signature #1: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature #2: \_\_\_\_\_ Date \_\_\_\_\_

**FAMILY HANDBOOK POLICIES AGREEMENT:** I do hereby request the BPSF All Star Kids to provide care for my child(ren). I acknowledge that I am the natural parent or legal guardian of said child(ren) and am authorized to sign this contract. In return for the care provided by the BPSF All Star Kids program, I agree to all tuition as outlined via my payment contract with the Bennington Public Schools Foundation, All Star Kids program, which shall be due and payable on the Monday of every other week, payable to the Bennington Public Schools Foundation. I acknowledge that nonpayment may result in the forfeiture of the space allowed to my child(ren) in the All Star Kids program.

Furthermore, I understand that it is my responsibility to read and understand the policies listed in the BPSF All Star Kids Middle School Family Handbook, which can be found on the Bennington Public Schools Foundation website, including but not limited to, discipline and behavior policies set forth therein. I understand that the BPSF All Star Kids provides care only for children who are of school age, toilet trained, have age-appropriate eating, dressing, and hygiene skills, are able to abide by the rules of the program as outlined in the BPSF All Star Kids Middle School Family Handbook, and are able to function effectively in a setting with 1 adult to each 15 children. I certify that my child(ren) meet(s) these standards.

I have received a copy of the BPSF All Star Kids Middle School Family Handbook, which includes a copy of the Parent Information Brochure provided by the Department of Health and Human Services of Nebraska, and I have read, understand, and agree to abide by the policies set forth therein. I have also received the current Fee Schedule and any addendum thereto.

This contract shall remain in full force and effect through May, 26, 2017 or the last day of the 2016-2017 school year program, unless otherwise amended.

Parent/Guardian Signature #1: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature #2: \_\_\_\_\_ Date \_\_\_\_\_

***This is a binding contract. Breach of same may warrant further action, including collection and/or legal action taken against you.***

# 2016-2017 ALL STAR KIDS MIDDLE SCHOOL PROGRAM PAYMENT AGREEMENT

**Name(s) of Child(ren):** \_\_\_\_\_

STATUS	Total Annual Tuition Amount	Total Equal Deduction Amount
Full Time – After School Care	\$1200	\$60

**Number of children attending:** \_\_\_\_\_ **Total Equal Deduction amount:** \_\_\_\_\_

I have read and understand the BPSF All Star Kids Family Handbook and agree to pay the total equal deduction amount of \$\_\_\_\_\_ every other week as outlined in the Tuition Express Deduction Schedule provided to me at the time of registration. Furthermore, I understand that the annual registration fee will be included in my first scheduled deduction for the 2016-2017 program year and, if applicable, will be split between parties according to the guidelines listed below.

**Returning Families: May we use your Tuition Express Account Information on File (Circle One)**                      **Yes**                      **No**  
*(If answered no, you will need to provide an updated Tuition Express Form & Voided Check-Forms are available online & at site)*

Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date
Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date

**(OPTIONAL-complete this bottom portion only if splitting payments between two parties)**  
*A separate Tuition Express Registration Form will need to be submitted for all parties paying tuition on your child(ren)'s account.*

**Tuition Express Account #1**

Name on Tuition Express Account: \_\_\_\_\_  
 Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_  
 Total % of tuition to come out of this account: \_\_\_\_\_ (example: 50%)  
 Total equal deduction amount: \_\_\_\_\_ Total annual amount: \_\_\_\_\_

**Returning Families: May we use your Tuition Express Account Information on File (Circle One)**                      **Yes**                      **No**  
*(If answered no, you will need to provide an updated Tuition Express Form & Voided Check-Forms are available online & at site)*

**Tuition Express Account #2**

Name on Tuition Express Account: \_\_\_\_\_  
 Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_  
 Total % of tuition to come out of this account: \_\_\_\_\_ (example: 50%)  
 Total equal deduction amount: \_\_\_\_\_ Total annual amount: \_\_\_\_\_

**Returning Families: May we use your Tuition Express Account Information on File (Circle One)**                      **Yes**                      **No**  
*(If answered no, you will need to provide an updated Tuition Express Form & Voided Check-Forms are available online & at site)*

**Tuition Express Account # 1:**

This form only needs to be completed if you are a new family or if you are changing your existing Tuition Express information.



**Hop aboard the Tuition Express  
and never write a check again!**

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

**For Bank Account Authorization, complete and return to center management.**

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I (we) hereby authorize BPSF All Star Kids, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

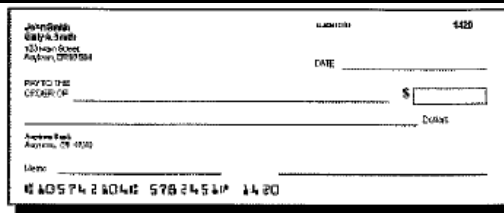
Routing Transit Number (see sample below) _____	Account Number (see sample below) _____
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This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____	Date _____
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**Record Retention Notice:** The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.



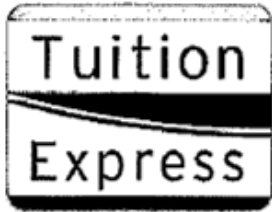
Routing Transit Account Check  
Number Number Number

**Please attach a copy of a voided check here. Deposit slips not accepted.**



**Tuition Express Account # 2:**

This form only needs to be completed if you are splitting tuition payments between two parties or if you need to update your account information for the second Tuition Express account on your child's file.



**Hop aboard the Tuition Express  
and never write a check again!**

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

**For Bank Account Authorization, complete and return to center management.**

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**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Transit Number (see sample below) _____			Account Number (see sample below) _____		

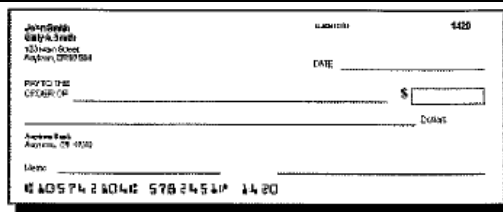
This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number    Account Number    Check Number

**Please attach a copy of a voided check here. Deposit slips not accepted.**