Kids' Zone 2021 – 2022

ENROLLMENT PROCEDURES:

Applications will be accepted during the early application kick-off week period. Students will be considered in order of their scheduled days, with 5 days/week students first, not when applications are received. Signing up for 5 days/week and changing to less days at a later date may result in you going on the waiting list. Please only sign up for the days you need, so we can try to accommodate everyone that turned in applications during the kick-off week. If availability allows throughout the school year we require two full working days to process applications and payment before your child may begin. Enrollment is limited to the number of students for which the program is licensed.

- The Kids' Zone early application kick-off window is May 17th – 21nd. Families will receive notice of acceptance into the Kids' Zone program after June 1st.
- Applications for Kids' Zone 2021-2022 may be submitted by downloading and completing the forms from www.berkleyschools.org/kidszone. They can be dropped off in person at Building Blocks (14700 W. Lincoln, Oak Park), or via email to michelle.konik@berkleyschools.org. To let you know we received your application, an email response will be sent back to you.
- When you receive notice of acceptance into the Kids' Zone program, enrollees are required to pay the $60/ individual or $100/ family non-refundable registration fee. There is a 10% discount for siblings, then the first month's tuition will be due by September 1st.
- Kids' Zone will follow the traditional school calendar for students entering TK to 5th grade.

EXTRA CARE AVAILABLE FOR THESE DAYS

Half Days

Kids' Zone students attending half days will notify Building Blocks office at least one week in advance to attend, and include payment for any day(s). **In order for a program to operate, there must be a minimum of 18 students enrolled.** The times and cost for care can be found on the tuition sheet.

February Mid-Winter Break & Spring Break

Students attending Mid-Winter and/or Spring Breaks MUST PRE-REGISTER at the Building Blocks office. The Kids' Zone classrooms will pass out flyers with times, costs and location prior to the Mid-Winter or Spring break date. **In order for a program to operate, there must be a minimum of 18 students enrolled.**

Snow Days

Kids' Zone students may attend Building Blocks if open (14700 W. Lincoln, Oak Park) when the Berkley School District is closed due to weather. The program will be available 7:00 am – 6:00 pm and the fee per student will be due that day upon drop off. You will check in at the Main Office. Please bring a bag lunch and snack.

For Information Call: 248.837.8900

BERKLEY BUILDING BLOCKS
EARLY CHILDHOOD CENTER
14700 W. LINCOLN, OAK PARK, MI 48237
P: 248-837-8900 F: 248-546-9238

berkley building blocks

Kids' Zone 2021 – 2022 Tuition

TUITION RATES

Your weekly schedule will be a set schedule with 9 monthly payments. Elementary Schools are dismissed on half days at 11:20 am, with end of the day dismissal at 3:15 pm. Norup International School is dismissed at 11:30 am on half days, with the end of day dismissal at 3:20 pm. We offer a 10% discount for siblings.

AM Session runs 7:00 am to the first bell; **PM Session** runs from the dismissal bell to 6:00 pm. Your child must attend Kids' Zone on the same days each week.

5 Days Per Week:

$121 per month (AM)

$275 per month (PM)

4 Days Per Week:

$ 99 per month (AM)

$220 per month (PM)

3 Days Per Week:

$ 77 per month (AM)

$165 per month (PM)

2 Days Per Week:

$ 55 per month (AM)

$110 per month (PM)

1 Day Per Week:

$ 33 per month (AM)

$ 66 per month (PM)

Extra Service Days:

If an extra day of service is needed, you must check with Building Blocks to ensure there is space available on an unscheduled day. Extra service days must be paid for in advance at the Building Blocks office. A receipt will be provided to the Kids' Zone program to gain admission.

	Angell, Burton, Pattengill, Rogers	Norup
AM - $11/day	7:00am – 8:00am	7:00am – 8:15am
PM - $22/day	3:15pm – 6:00pm	3:20pm – 6:00pm
Half Day - $33/day	11:20am – 3:15pm	11:30am – 3:20pm
Half Day & PM - $ 44/day	11:20am – 6:00pm	11:30am – 6:00pm
Snow Day - $55/day	7:00am – 6:00pm	7:00am – 6:00pm

For Information Call: 248.837.8900

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Kids' Zone - Enrollment Form

*** Required field**

Parent • Guardian • Student Information - please complete this form thoroughly

START DATE: _____ Going into Grade:* _____ SCHOOL ATTENDING:* _____
(TK – 5 th grade)

CHILD'S FIRST NAME:* _____ BIRTH DATE: * _____

CHILD'S LAST NAME:* _____ ☐ M ☐ F PHONE #:_____

ADDRESS:* _____ CITY:* _____ ZIP:* _____

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
FIRST NAME: *	FIRST NAME:
LAST NAME: *	LAST NAME:
If Different from Above:	If Different from Above:
STREET ADDRESS:	STREET ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
HOME #:	HOME #:
EMPLOYER: *	EMPLOYER:
WORK #:	WORK #:
CELL PHONE #: *	CELL PHONE #:
E-MAIL ADDRESS:*	E-MAIL ADDRESS:

EMERGENCY NAME:* _____ ***PHONE #:*** _____ ***CELL #*** _____

BEFORE SCHOOL – 7-8AM / Norup 7-8:15am

Schedule Needed: _____

Monthly Tuition: $_____

AFTER SCHOOL – 3:15-6pm/ Norup 3:20-6pm

Schedule Needed: _____

Generally, I plan to pick up at: _____

Monthly Tuition: $_____

Health / Nutrition Information - I assure the Berkley School District that my child is in good health and I will assume responsibility for his / her health while attending in Berkley School District's Kids' Zone Program.

I will provide my child with: ☐ Nutritious snack ☐ Bag lunch on ½ days

In case emergency service is required and parents cannot be reached, my child may be taken to the emergency room at Wm. Beaumont Hospital / Royal Oak ● Providence Hospital / Oak Park.

Your electronic signature below indicates your acknowledgment and agreement to all above statements and assurances.

Parent / Guardian Signature: * _____ *Date:** _____

BERKLEY SCHOOL DISTRICT FEDERAL TAX ID# 38-6003087

Office Use Only: ____ DHS Extra Payment: $_____

Non-refundable Fee: $____ ($60 Single/$100 Family) Enrollment Month Tuition: $_____ Total Received:$_____

☐ Cash Check #: _____ ☐ Visa ☐ MasterCard ☐ Discover

Card #: _____ Ex. Date: _____ V Code: _____

Name on Card: _____ Received by: _____ Date: _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only: Date of Admission	Date of Discharge

Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State	Zip Code
Parent/Legal Guardian's Name	Home Phone ( )	Parent/Legal Guardian's Name (Optional)		Home Phone ( )
Home Address (if not child's address)	Cell Phone ( )	Home Address (if not child's address)		Cell Phone ( )
City / State / Zip Code		City / State / Zip Code		
Email Address (optional)		Email Address		
Employer Name	Work Phone ( )	Employer Name		Work Phone ( )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ( )		
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018. **See Reverse Side**

Emergency Contact & Release of Child: List all individuals,including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	( )	2.	( )
3.	( )	4.	( )

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

Berkley Schools Kids' Zone
Policy and Procedures Agreement

*** Required Field**

Child's Name:* _____.

ALL CHANGES ARE TO BE MADE AT TYNDALL CENTER

Tuition - I agree to pay Berkley Schools Kids' Zone tuition on a monthly basis. I understand that all monthly payments are to be made or mailed to***: Berkley Building Blocks, Avery Center, Accounts Receivable, 14700 W. Lincoln, Oak Park, MI 48237***, or left in the after hours Drop Box outside the Administration Office entrance. **We accept payments with Visa, Master Card, Discover Card, checks, money orders made payable to Berkley School District, or cash. Call: Accounts Receivable (248) 837-8439 to make payments with a charge card.**

All payments are due the 1st of the month. There is a $25 charge for late payments per student for payments received after the 5th of the month. If my tuition is **not paid** I am aware that my child will not receive services until this obligation is met. I understand that there is a $20 fee for each program change made after registration, or to re-enroll if I have been dropped form the program.

Cancellation - I understand that I must provide a written two weeks' notice to drop from the program. I must contact the Tyndall Center to withdraw from Kids' Zone or I can fill out a Program Withdrawal Form available online or from the Kids' Zone staff.

Charges for Late Pick-up - I understand that if my child remains past the scheduled closing time I will be charged an additional fee of $5 per minute. After 30 minutes there is a $10 per minute late charge. I understand that three (3) late pick-ups can result in dismissal. If the school cannot contact the designated people on the emergency card by 6:30 pm, the police will be notified.

Special Programs/Field Trips - I understand that if I do not want my child to participate in a field trip, I am responsible for providing alternate care. I understand that on a field trip day, care will **NOT** be provided if I choose not to participate.

Drop Off and Pick Up Daily Sign In Sheets - I agree to complete the sign-in / sign-out form on a daily basis upon drop off and pick up from the program.

Release of Child - I understand that my child will be released only to those persons whose names I have listed on the *Child Information Card.* For the safety of your child a phone call to the classroom, text, fax, etc. will not be acceptable to add persons to the *Child Information Car.* I must add or take off persons to release my child to in person with the Kids' Zone staff.

Sick Child Policy - I understand that if my child becomes ill while attending the program I will make arrangements for my child to be picked up within one hour. ***I understand that failure to do so will result in my child being excluded from the program.***

Medication - It is the Berkley School District policy that all prescription medications dispensed at school require a Medication Form to be filled out completely by the physician and parent/guardian. Over-the-Counter medication will need to be filled out on the Nonprescription Medication Consent Form by a parent/guardian. We will not administer the first dose. All medications must be in the original packaging with the pharmacy or packaging label intact. Once a completed form is received we will dispense the medication to your child. Medications may not be in the possession of children. Staff is not permitted to prescribe, or make available, any medication, including but not limited to Aspirin, Tylenol, Motrin, antacids and/or similar items. Please keep staff informed of any medical concerns your child might have while in our care.

Outdoor Equipment - I understand the program is licensed under State of Michigan Licensing Rules for Child Care Centers, and the outdoor equipment at the School District's Elementary Schools do not comply with State of Michigan licensing rule R400.5117(7)(8)(9).

My Child - I give my permission for the school personnel to discuss information relevant to the program planning for my child.

Parent Handbook – I have read and agree to the policies and procedures stated in the Parent Handbook.

I have read the Berkley Schools Kids' Zone Policy and Procedures Agreement. I fully understand and agree to follow the stated policies and procedures stated on the Policy and Procedures Agreement Form.

Typing your name below as a parent/legal guardian represents both your electronic signature and indicates that you have reviewed these documents and are certifying on behalf of yourself that you understand the rules and procedures of the Berkley School District as referenced above.

Parent Signature:* _____ Date:* _____.

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at **www.michigan.gov/michildcare**.

I have read the above statement issued by _____.
Name of Child Care Center

Child(ren)'s Name(s) _____

_____

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

BERKLEY SCHOOLS

ENGAGE INSPIRE ACHIEVE
WWW.BERKLEYSCHOOLS.ORG

*** Required Field**

SCHOOL-AGE GOOD HEALTH STATEMENT (KINDERGARTEN – 12 YEARS)

My child, *_____ is in good health and is able to participate in the center's activities. I will assume responsibility for his/her health while attending the Berkley School District's Kids' Zone Program.

Does your child have any physical restrictions? ☐ YES ☐ NO

If yes, please provide a Doctor's note to explain the restrictions.

Your electronic signature below indicates your acknowledgment and agreement to all above statements and assurances.

Parent Signature:*_____ Date:* _____.

BUILDING BLOCKS
14501 TALBOT
OAK PARK, MI 48237
P: 248-837-8900 F: 248-546-9238

berkley building blocks

Berkley School District Kids' Zone
Behavior Information Form

*** Required Field**

Kids' Zone Location:

☐ **Angell** ☐ **Burton** ☐ **Norup** ☐ **Pattengill** ☐ **Rogers**

Child's Name:*_____Age: _____

Name child likes to be called: _____

Latchkey History:

Has your child previously attended a before or after school latchkey program? ☐ Yes ☐ No

Developmental Information:

Does your child have any special fears? ☐ Yes ☐ No

(Thunder storms, costumes, separation from mom/dad, loud noises, animals, strangers, the dark, etc)

Please describe this fear (how they react or what they do) _____

_____

Does your child have any other allergies? (food, bees, animals…) ☐ Yes ☐ No

Explain. _____

_____

Please describe your child's temperament (i.e. highly active, quiet, happy)

Does your child:

- ☐ Require adjustment time in new situations?
- ☐ Cry easily?
- ☐ Have temper tantrums often?
- ☐ Usually follow directions?
- ☐ Have a very short attention span?
- ☐ Feel comfortable speaking to new people?

(more on back)

Social Information:

Do you have any specific concerns about your child starting latchkey? _____

_____

_____

How does your child feel about starting latchkey? _____

_____

_____

Please feel free to share any information with us that will help us make your child's latchkey experience successful.

_____

_____

_____

Parent Signature* _____Date*_____

Berkley School District
Kids' Zone
Sun Screen Permission Slip

Child's Name _____.

I give the Kids' Zone staff permission to apply sun screen to my child. I will supply my child's own sun screen labeled with their name on it with the expiration date visible.

I hold harmless the Berkley Schools and their sponsors and supervisors for any injury incidental to applying sun screen to my child.

Parent Signature: _____.

Date:_____.

BERKLEY SCHOOLS

ENGAGE INSPIRE ACHIEVE
WWW.BERKLEYSCHOOLS.ORG

*** Required Field**

COMMUNICATIONS CONSENT FORM

Child's Name:* _____ Current Teacher: _____

Our district communication provides us with many opportunities to showcase students and their work. Each month, our Board of Education honors students for special accomplishments, the weekly district newsletter displays student artwork, photos, and success stories; our Building Blocks newsletters, Shutterfly, Facebook and Twitter accounts publish photos of classroom activities and our website gives us the chance to highlight our curriculum and student learning and student achievements. If you have questions, please call the Communications Office at 248.837.8095.

Please select yes or no.

☐ **YES**, the Berkley School District and the Building Blocks program has my permission to use my child's work, photo, video, voice, and/or name in district communications or other media.

☐ **NO**, the Berkley School District and the Building Blocks program does not have my permission to use my child's work, photo, video, voice, and/or name in district communications or other media. I understand that if I select No, my student cannot be recognized for any accomplishments in district and school communications and/or local media.

Typing your name below as a parent/legal guardian represents both your electronic signature and indicates that you have reviewed these documents and are certifying on behalf of yourself that you understand the rules and procedures of the Berkley School District as referenced above.

Signature: * _____ Date: * _____

BUILDING BLOCKS
14501 TALBOT
OAK PARK, MI 48237
P: 248-837-8900 F: 248-546-9238

berkley building blocks

SCHOOL COMMUNICATION

In order to best communicate with you in a school closure or other emergency situation, the Berkley School District will send a School Communication to all families. School Messenger is an emergency notification system that has the ability to call, text, and email families with important information or emergency messages from the school.

In the event of an emergency or closure impacting Berkley Building Blocks, we will notify you immediately via School Messenger. School Messenger phone calls and/or texts will be sent to the phone number(s) you request so please be sure it is a direct line to you not a main line switch board at your place of work. Please make sure this telephone number is one that you have access to during school hours, update new phone numbers in the Building Blocks Office.

Please also be sure to include a valid email address. Several District and Building Blocks communications are sent via email only and will not reach you without a valid email address.

Student Name:_____ Room#/Teacher_____ Date_____
(Please Print)

Phone Number: Please print your primary telephone number (to be called, not texted) below. Again, this should be a *direct* line to you – not a main switch board or operator at your place of work:

1st Phone Number:_____***2nd Phone Number***_____

Text Message: If you wish to receive emergency text messages (snow days and other emergencies), please enter a telephone number in the space provided. In order to receive text messages, every parent must opt-in. In order to opt in, text the word YES (in message field) to the phone number 67587 (in the To field). Please note that the district is not responsible for any fees you may incur through your cell phone provider*****:

1st Text Message Number:_____***2nd Text Message Number***_____

*****Please note that not all providers will allow texting from the district. Most of the major carriers (Verizon, AT&T, etc.) will allow texting from School Messenger, but some may not. Check with your provider if you have concerns about texting.

E-Mail Address: Several District and Building Blocks communications are sent via email only and will not reach you without a valid email address.

E-mail address:_____ ***2nd E-mail address:*** _____

If at any point your information changes (new phone number, new email address, etc.), you are responsible for contacting the office to update the information in our database.

Berkley Schools Kids' Zone Tuition Slips

Payment is due the **1st** of every month. There will be a **$40 late fee assessed per child** for payment received after the **5th** of every month. All payments are to be made or mailed to: ***Berkley School District, Accounts Receivable, 14501 Talbot, Oak Park, MI 48237*** or left in the after-hours Drop Box outside the Building Blocks (14700 W. Lincoln, Oak Park) family entrance on the west side of the building.. Payments accepted are Visa, Master Card, Discover Card, checks or money orders made payable **to Berkley School District**, or cash. Call ***Accounts Receivable Stephanie Helterbran at 248.837.8439*** to make payments with a charge card.

Mail To: Berkley School District, Accounts Receivable, 14501 Talbot, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

Mail To: Berkley School District, Accounts Receivable, 14501 Talbot, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

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Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

Mail To: Berkley School District, Accounts Receivable, 14501 Talbot, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

Mail To: Berkley School District, Accounts Receivable, 14501` Talbot, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

Berkley Schools Kids' Zone Tuition Slips

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Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

Mail To: Berkley School District, Accounts Receivable, 14501 Talbot, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

Mail To: Berkley School District, Accounts Receivable, 14501 Talbot, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

Mail To: Berkley School District, Accounts Receivable, 14501 Talbot, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

BERKLEY BUILDNG BLOCKS
AUTOMATIC CREDIT CARD AUTHORIZATION FORM

For your convenience, the Berkley School District offers an automatic payment option to process your monthly childcare payments. Payments may be automatically charged to your Visa, Master Card or Discover Card the first of every month. If you would like to take advantage of this, please fill out the form below and return it in person, US mail, or by fax:

Berkley School District
ATTN: Accounts Receivable
14700 W. Lincoln Blvd.
Oak Park, MI 48237
FAX 248-546-9238

A new authorization form must be completed each school year so please fill out and return if you would like to continue automatic payments for the 2021-22 school year.

If you have any questions, please contact Stephanie Helterbran at 248-837-8439 or Stephanie.helterbran@berkleyschools.org

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Name of Child(ren):_____

School(s):_____

Class(es) to be included in automatic payments: _____

Home Address: _____

Credit Card # (We accept Visa, Master Card or Discover Card only)

_____

Expiration Date_____ V-Code _____
(Last 3 digits in signature box on back of the card)

Total Monthly Amount $_____

Print Name: _____

Signature_____

Please sign form to give the Berkley School District authorization to use this credit card to process payments between the 1st & 5th of each month, and/or fees for late pick-ups.
(This does not include student non-attendance days which must be registered and pre-paid in advance)