

SCHOOL YEAR REGISTRATION INFORMATION

— **REGISTRATIONS DUE JULY 29th, 2025** —

Please read this entire document before completing the registration form.

DATES + HOURS OF OPERATION

September 2nd - June 8th (Weekly • Monday - Friday)

JK Kohler Kare: 11:00 AM - 3:00 PM

After School Kohler Kare: 3:00 PM - 5:00 PM

ELIGIBILITY

- Registration will be open through **July 29th**. We will notify families if they have been admitted by **Friday, August 1st**.
- If enrollment interest for JK Kohler Kare (11 AM - 3 PM) exceeds the cap, your child will be put on a waiting list.
- Open to students entering 4K through 5th Grade for 2025-2026 school year.
- Priority will be as follows until capacity is reached:
 - Returning Families
 - Families who register for 5 days per week
 - Lottery

BEHAVIOR POLICY

Students attending Kohler Kare are expected to be respectful, responsible and safe at all times. The following behavior policy will be used:

- 1st Write-Up: Parent contact via phone or email
- 2nd Write-Up: Parent, student and administrator meeting
- 3rd Write-Up: Removal from the Kohler Kare program

TOILET TRAINED POLICY

All Kohler Kare participants who attend the program must be toilet trained and be able to use the bathroom independently. While we understand that an accident may happen, this should not be a daily occurrence or happen frequently. Any child that is not toilet trained may be asked to leave the program until they are able to use the restroom on their own and free of accidents. Kohler Kare staff are not able to provide assistance in the bathroom. A parent/guardian will be contacted immediately for pickup if an accident occurs.

COST (PER STUDENT)

Registration Fee	One Time Fee	\$50.00 per student
JK Kohler Kare	11:00 AM - 3:00 PM	\$24.00 per day
After-School Kohler Kare	3:00 PM - 5:00 PM	\$12.00 per day
Non-School Full Day	8:00 AM - 5:00 PM	\$48.00 per day

CONTRACTED WEEKLY SCHEDULE

Parents will be billed based on the contracted weekly schedule provided by parents at registration. Parents will be billed for these contracted days regardless of whether the child is present or not.

PAYMENT

- Fees will be loaded in Skyward by the 3rd workday of the following month.
- Payments must be made using e-Funds by the 15th of the following month. (Cash/checks not accepted.)
- Hard copy monthly statements will *not* be mailed.
- Late fees will be applied to all past due charges over 30 days.
- Accounts past due more than 60 days must have an approved payment plan for the child to remain in the program.

FIELD TRIPS

- Kohler Kare will take field trips when there is a professional development day at the school.
- Cost for field trips vary depending on venue. Fees for these field trips will be applied to your eFunds account if your child attends. Charges will be billed if your child plans to attend but is a no-show.
- There will be no on-site Kohler Kare provided during field trip hours.

LUNCH + SNACK

Lunch and milk or juice are available for purchase at the school if you prefer not to pack a cold lunch (will be charged to Skyward and paid via e-Funds).

Lunch (Includes milk or juice) + Salad Bar = \$4.25

Milk or Juice Only = \$0.50

One snack will be provided in both JK Kohler Kare and After School Kohler Kare. Please send additional snacks along in your child's backpack, if needed.

A water bottle with your child's name on it will be required. Please send a water bottle that your child is able to open independently.

CONTACT INFORMATION

KOHLER KARE DIRECTOR

BILLING • REGISTRATION • INFORMATION

Elli Bonack

PHONE: 920•803•7250

EMAIL: bonacke@kohler.k12.wi.us

ACTIVITIES PROGRAM ADMINISTRATOR

ADMINISTRATION

Ryan Sprenger

PHONE: 920•803•7228

EMAIL: sprengerr@kohler.k12.wi.us

Please email all absences: kohlerkare@kohler.k12.wi.us

KOHLER KARE

2025-2026
SCHOOL YEAR

STUDENT REGISTRATION FORM

STUDENT LAST NAME	STUDENT FIRST NAME	GRADE (AS OF 2025-2026 SCHOOL YEAR)

STREET ADDRESS	CITY & ZIP

PARENT & GUARDIAN INFORMATION:

PARENT NAME	PHONE NUMBER	PARENT EMAIL
(1)		
(2)		

KOHLER KARE SCHEDULED DAYS:

Check the boxes to indicate the days you will contract Kohler Kare:

MONDAY		JK KOHLER KARE [11:00 AM - 3:00 PM]		AFTER SCHOOL KOHLER KARE [3:00 PM - 5:00 PM]
TUESDAY		JK KOHLER KARE [11:00 AM - 3:00 PM]		AFTER SCHOOL KOHLER KARE [3:00 PM - 5:00 PM]
WEDNESDAY		JK KOHLER KARE [11:00 AM - 3:00 PM]		AFTER SCHOOL KOHLER KARE [3:00 PM - 5:00 PM]
THURSDAY		JK KOHLER KARE [11:00 AM - 3:00 PM]		AFTER SCHOOL KOHLER KARE [3:00 PM - 5:00 PM]
FRIDAY		JK KOHLER KARE [11:00 AM - 3:00 PM]		AFTER SCHOOL KOHLER KARE [3:00 PM - 5:00 PM]

NOTE: Kohler Kare will be offered from 8 AM - 5 PM on Professional Development Days listed:

October 17 • November 21 • January 23 • February 20 • May 1

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

- I understand that I am liable for contracted hours regardless of attendance. This is not a drop-in daycare.
- I understand that my child will be exposed to physical activity and that there is always the possibility of injury.
- I agree to hold the Kohler School District and its employees harmless in the event of injury to my child resulting from normal activity during play.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

SUBMIT COMPLETED FORMS TO:
bonacke@kohler.k12.wi.us

KOHLER KARE

2025-2026
SCHOOL YEAR

EMERGENCY INFORMATION FORM

CHILD'S NAME	DATE OF BIRTH	GRADE

EMERGENCY CONTACTS

PARENT/GUARDIAN NAME	RELATIONSHIP	PHONE NUMBER
PARENT/GUARDIAN NAME	RELATIONSHIP	PHONE NUMBER

In the event of an **EMERGENCY**, contact the following parties in given order if parents/guardians cannot be reached:

(1) EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE NUMBER
(2) EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE NUMBER

PHYSICIAN INFORMATION

In the event of a **SERIOUS EMERGENCY** requiring **IMMEDIATE** attention:

LOCAL PHYSICIAN NAME	
LOCAL PHYSICIAN PHONE NUMBER	
LOCAL HOSPITAL PREFERENCE	
DENTIST NAME & PHONE NUMBER	

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

KOHLER KARE

2025-2026
SCHOOL YEAR

+ HEALTH INFORMATION FORM +

CHILD'S NAME	DATE OF BIRTH	GRADE

ALLERGIES OR MEDICAL ALERTS:

HEALTH INFORMATION

YES	NO	HEALTH CONDITION	YES	NO	HEALTH CONDITION
		FOOD ALLERGY(Fill out ALLERGY ACTION PLAN) SPECIFY:			INSECT STING ALLERGY (ALLERGY ACTION PLAN) SPECIFY:
		LATEX ALLERGY(Fill out ALLERGY ACTION PLAN) SPECIFY:			HEART CONDITION SPECIFY:
		ASTHMA (Fill out ASTHMA ACTION PLAN)			MIGRAINES
		DIABETES (Fill out DIABETIC ACTION PLAN)			SEASONAL ALLERGIES
		SEIZURE (Fill out SEIZURE ACTION PLAN)			GLASSES/CONTACTS
		GASTRO-INTESTINAL DISEASE SPECIFY:			PHYSICAL LIMITATION SPECIFY:
		OTHER SPECIFY:			

MEDICATION

My child will require an Epi-pen at Kohler Kare: YES ☐ NO ☐

My child will require an inhaler at Kohler Kare: YES ☐ NO ☐

If Epi-Pen or inhaler will require dispensing during Kohler Kare, you MUST click [here for a Sheboygan County Student Medication Authorization Form](#). The form with **physician signature** is required by the state of Wisconsin **FOR EACH PRESCRIPTION MEDICATION**. *Only emergency medication will be administered by Kohler Kare staff.*

In the event of a SERIOUS EMERGENCY, I authorize Kohler Kare to transport my child to the nearest hospital or medical facility. I agree to assume all costs involved. I give permission for my child's health information to be shared with appropriate Kohler Kare staff.

IMPORTANT REMINDER: *It remains the sole responsibility of the parent to communicate significant health concerns.*

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

KOHLER KARE

2025-2026
SCHOOL YEAR

PERMISSION FORM

CHILD'S NAME	GRADE

FIELD TRIPS

I give my child, _____, permission to attend ALL field trips during the Kohler Kare Program. I understand that I will be notified of extended (*all day*) field trips and the mode of transportation at least one week in advance. If I *do not* wish for my child to attend, I will plan for alternative daycare.

PARENT/GUARDIAN SIGNATURE		DATE	
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WALKING FIELD TRIPS

I give my child, _____, permission to go on ALL walking field trips during the Kohler Kare Program. I understand that these field trips may be unannounced, but a note will be left on the door as to the location of the walking field trip and route taken. I may pick up my child at that location.

PARENT/GUARDIAN SIGNATURE		DATE	
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PHOTO CONSENT

From time to time we wish to take photographs/videos of students in the school setting for use in school district media releases, publications, website or video productions.

- ☐ **YES - I give permission** to include my child, listed above, in pictures for any district media releases, publications, website and/or video productions
- ☐ **NO - I do NOT** wish to have my child's photo included in:
- ☐ School Website
 - ☐ School District Media Releases (Newspaper)
 - ☐ Publications
 - ☐ Video Productions

PARENT/GUARDIAN SIGNATURE		DATE	
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