

KOHLER KARE

2024-2025
School Year

SCHOOL YEAR REGISTRATION INFORMATION

— REGISTRATIONS DUE August 9th, 2024 —

There are several changes for 2024-2025 Kohler Kare.

Please read this entire document before completing the registration form.

DATES + HOURS OF OPERATION

September 3rd - June 9th (Weekly • Monday - Friday)

JK Kohler Kare: 11:00am-3:00pm

After School Kohler Kare: 3:00pm-5:30pm

ELIGIBILITY/WAITING LIST (NEW GUIDELINES FOR THE 2024-2025 SCHOOL YEAR)

- Registration will close on **August 9th**. We will notify families of acceptance by **August 16th**.
- If enrollment interest for JK Kohler Kare (11am-3pm) exceeds the cap, your child will be put on a waiting list. Priority is as follows:
 - Returning Families
 - Number of registered days
 - 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)

JK Kohler Kare	11:00 AM - 3:00 PM: \$22.00 per day
After-School Kohler Kare	3:00 PM - 5:30 PM: \$14.00 per day
Non-School Full Day	8:00 AM - 5:00 PM: \$47.00 per day

CONTRACTED WEEKLY SCHEDULE

Parents will be billed based on the contracted weekly schedule provided at registration. Parents will be billed for these contracted days regardless of whether children are 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.
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FIELD TRIPS

Kohler Kare will take field trips when there is a professional development day at the school. Parents will be required to provide notice of attendance by end-of-day the Monday prior to the field trip. Additional fees for these field trips days will only be billed to parents who indicate their child will attend. Charges will also be billed if your child plans to attend but is a no-show. Costs for field trip days vary depending on the venue.

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

**Billing & Registration/JK Kohler Kare Director:
Elli Bonack**

PHONE: 920•803•7250

EMAIL: bonacke@kohler.k12.wi.us

**Activities Program Administrator:
Ryan Sprenger**

PHONE: 920•803•7228

EMAIL: sprengerr@kohler.k12.wi.us

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2024-2025
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STUDENT REGISTRATION FORM

STUDENT LAST NAME	STUDENT FIRST NAME	GRADE (IN 2024-2025)

STREET ADDRESS	CITY & ZIP

PARENT/GUARDIAN INFORMATION:

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

KOHLER KARE DATES + TIMES:

Check the boxes and indicate the days and times you will contract Kohler Kare:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	JK KOHLER KARE [11:00 AM - 3:00 PM]	AFTER SCHOOL KOHLER KARE [3:00 PM - 5:30 PM]

***NOTE: Kohler Kare will be offered on professional development days if there is enough interest to support staffing. Please circle days that you would like your child to attend, if any: (9/20) (10/18) (11/22) (1/17) (2/14) (5/9).**

• I give permission to my child, registered above, to participate in the Kohler Kare Program. I understand that my child's participation in this program is voluntary. • I understand that I am liable for contracted hours per week regardless of attendance. This is not a drop-in program. • 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 typical activity during play.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

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

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2024-2025
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: _____

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2024-2025
School Year

HEALTH INFORMATION FORM

CHILD'S NAME	DATE OF BIRTH	GRADE

HEALTH INFORMATION

ALLERGIES OR MEDICAL ALERTS:

YES	NO	HEALTH CONDITION	YES	NO	HEALTH CONDITION
		FOOD ALLERGY (Fill out ALLERGY ACTION PLAN) <i>SPECIFY:</i>			INSECT STING ALLERGY (ALLERGY ACTION PLAN) <i>SPECIFY:</i>
		LATEX ALLERGY (Fill out ALLERGY ACTION PLAN) <i>SPECIFY:</i>			HEART CONDITION <i>SPECIFY:</i>
		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 <i>SPECIFY:</i>			PHYSICAL LIMITATION <i>SPECIFY:</i>
		OTHER <i>SPECIFY:</i>			

MEDICATION

My child will need to take prescription medication (include Epi-pen) at Kohler Kare: YES NO

List Medications to be taken at Kohler Kare:

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If medication or Epi-Pen will require dispensing during Kohler Kare, you MUST fill out the [Sheboygan County Student Medication Authorization Form](#). The form, along with **physician signature**, is required by the state of Wisconsin **FOR EACH PRESCRIPTION MEDICATION**. 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 associated with a medical emergency.

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 to their child's teachers, coaches, and appropriate staff.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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2024-2025
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 in advance. If I *do not* wish for my child to attend, I will plan for alternative care.

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. A Kohler Kare staff member is able to notify, and be notified, in case of emergency or urgent situation.

PARENT/GUARDIAN SIGNATURE		DATE	
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PHOTO CONSENT

Occasionally, we wish to take photographs/videos of students for use in school district media releases, publications, website, or video productions. **Please check below:**

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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