



@Raintree Church

Monday and Tuesday, June 3rd- July 30th, 9:15 am- 1:15 pm

(KDO will be closed on July 1st & 2nd)

Available for ages 2 to those going into 4th grade

FEES:

- \$23 daily for the first child, and \$15 for each additional child
 - June 3rd through July 30th
- \$50 non-refundable supply fee for each child, due at the time of enrollment.
- Returned checks will be charged a bank fee that must be included when issuing another payment.

Daily Procedure:

- Drop-off starts at 9:10 am
 - Sign-in each day at the front & side doors.
- Pick-up your child by 1:10 pm each day in the pick-up line.
 - Starting at 1:25 pm a late fee of \$5 will be charged every 15 minutes.
 - Signs with your child's name must be visible in front car window.

Supplies:

- Your child will need a lunch and a drink each day, labeled with their name.
PEANUT/PEANUT BUTTER PRODUCTS NOT 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.

Parent Communication:

- **FACEBOOK:** RAINTREE PDO is a closed group you must ask to join. You will be added to the group 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 will not allow for solicitations. When a student no longer attends the ministry, the family will be removed.
- **REMIN D APP:** Each family will be given a sheet with instructions on how to download the Remind App. Please do so by the first day of KDO.

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 (i.e. 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 number 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.*

If you have any questions, please call Robin Erisman at 816-935-9961 or Courtney Erisman at 816-719-4496.

KDO ENROLLMENT APPLICATION 2024

An application/supply fee of \$50 per child must accompany this form in order to hold the child's place.

Child's Name _____ Birthdate _____ Age _____

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***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:
Raintree Church, Attn: Robin Erisman, 101 SW Raintree Dr., Lees Summit, MO 64082

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 7th for the month of June and month of 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/text Robin Erisman or Courtney 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 peanut/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 _____