

Scottie



Kids Club
TRI-VALLEY LOCAL SCHOOLS

**ARE YOU IN NEED OF CHILDCARE BEFORE OR
AFTER SCHOOL? WE CAN HELP.
“SCOTTIE KIDS CLUB” WILL OFFER SERVICES AT
ADAMSVILLE, DRESDEN AND NASHPORT
ELEMENTARIES DURING
THE 2017-18 SCHOOL YEAR!**

The Tri-Valley Local School District is pleased to offer before and after school child care programming to our families at Dresden, Nashport, and Adamsville Elementary Schools during the 2017-18 school year for children (ages 5-13) who are in kindergarten thru sixth grades. We are a fully licensed program with the Ohio Department of Education. Adamsville will only have a morning program this year. Dresden and Nashport will have both morning and afternoon services.

To tell you a little bit about our services, “Scottie Kids Club” Programming is available for two sessions each day. The morning session runs from 6:30 AM until the start of the school day. The afternoon session runs from the end of the school day until 5:30 PM. Parents must provide transportation to and from “Scottie Kids Club.” Programming is still available if schools are under a two-hour delay or early dismissal at the regularly scheduled times. If school gets cancelled after kids are already at Kids Club in the morning then parents will be responsible for returning to pick up their child(ren). If school is cancelled or not in session for any reason there will be no “Scottie Kids Club.” **We are excited to be able to offer this opportunity and look forward to assisting with your childcare needs before and/or after school.**

COST:

Cost to participate in the Program is a one-time **\$30.00 registration fee per child** (due at the time you register) and a charge of **\$6.00 per session** (with morning and afternoon being counted as two sessions) per child, each time that they attend. Payment for sessions attended is due at the end of each week after services have been provided and may be paid by check or cash. We are a partner with ODJFS. You may contact them for more information if you feel you may qualify for their assistance.

INTERESTED IN SIGNING YOUR CHILD UP?

To sign your child up for “Scottie Kid’s Club” for the 2017-18 school year you will need to complete a registration packet and pay the registration fee(s) for each child. Registration packets are now available **at any of the elementary school offices we service; the Tri-Valley Fitness Center; or you may print them off online from the District website at www.tvschools.org**. Completed application packets along with your non-refundable registration fee for each child can be dropped off: to the office of the building you want your child to attend Kids Club at (before June 1 and after August 10) or to the Tri-Valley Fitness Center in Dresden; or you may mail them to me at this address: “Scottie Kids Club” 36 E. Muskingum Ave. Dresden OH 43821. The deadline to register to start the first day of school is Friday, August 11. Once your application and registration fee are both received your child(ren) may start coming. We do accept registrations throughout the school year. After school starts, applications should be dropped off at the school your child attends.

WANT MORE INFORMATION?

If you have additional questions you may contact the Program Coordinator at 740-754-2978. You can also email scottiekidsclub@tvschools.org or view our website on the www.tvschools.org page. Click on the left side tab to view all the details about our Program.

2017-18 "SCOTTIE KIDS CLUB" SACC APPLICATION PROCESS CHECK SHEET

There are several components of the application process.

Please use this sheet to keep track of your progress.

YOU MUST fill out a separate application for each child that you are registering.

ALL PARTS OF THE APPLICATION MUST BE FILLED OUT COMPLETELY.

ONLY THOSE PEOPLE THAT YOU LIST ON YOUR CHILD'S EMERGENCY CARE CARD WILL BE ALLOWED TO PICK YOUR CHILD UP SO BE SURE TO INCLUDE ALL THE PEOPLE THAT WILL BE/MIGHT BE PICKING THEM UP.

APPLICATION FOR ENROLLMENT COMPLETED

EMERGENCY CARE CARD COMPLETED

\$30.00 REGISTRATION FEE/CHILD PAID

PLEASE RETURN YOUR COMPLETED APPLICATION PACKET ALONG WITH THE NON-REFUNDABLE \$30.00 APPLICATION FEE VIA ONE OF THESE METHODS:

*DROP IT OFF AT THE TRI-VALLEY FITNESS CENTER (ANYTIME)

*DROP IT OFF AT THE SCHOOL OFFICE AT THE BUILDING YOUR CHILD ATTENDS (OFFICES ARE CLOSED FROM JUNE 1 THRU AUGUST 10. USE THE FITNESS CENTER AS DROP OFF DURING THIS TIME PERIOD)

*You can also mail your child's application to: SCOTTIE KIDS CLUB
36 E. MUSKINGUM AVE.
DRESDEN OH 43821

Your child may start attending AFTER we have received ALL of your application materials & registration fee.

DATE OF ADMITTANCE _____
2017-18 APPLICATION FOR ENROLLMENT
SCOTTIE KIDS CLUB SCHOOL AGED CHILD CARE PROGRAM
TRI-VALLEY LOCAL SCHOOLS

_____adamsville _____dresden _____nashport

PERSONAL INFORMATION:

CHILD'S NAME: _____ TEACHER: _____

AGE AS OF 8/1/2017: _____ DATE OF BIRTH: _____ GRADE FOR 2017-18: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Parent/Guardian's Name: _____

BEST EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WHAT IS THE BEST NUMBER FOR YOU TO BE REACHED AT DURING SCOTTIE KIDS CLUB:

DURING THE AM SESSION: _____ DURING PM SESSION: _____

HOW MANY DAYS A WEEK WILL USE US IN THE MORNING? _____ AFTERNOON? _____*

***please note: there is no afternoon session at Adamsville for the 2017-18 school year.**

PARENT CONFIRMATION: By signing below I attest that I am the parent/legal guardian of the child listed above and that the information provided is true to the best of my knowledge. I understand that it is my responsibility to keep the site leader at my building aware of any address, phone number, custodial or medical changes that might occur throughout the year. I also understand that if my account is not kept current, services will be suspended and my child(ren) will not be able to attend again until it is paid in full.

PARENT/GUARDIAN'S PRINTED NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

**TRI-VALLEY LOCAL SCHOOLS
SCOTTIE KIDS CLUB
STUDENT MEDICAL & CONTACT INFORMATION**

Student Name _____ Birthdate _____

Street Address _____ Grade _____

P.O. Box _____ City _____ State _____ Zip Code _____ Homeroom _____

In case of emergency, please contact:

Mother's Name _____ Home Phone _____ Cell Phone _____

Place of Work _____ Work Phone _____

Father's Name _____ Home Phone _____ Cell Phone _____

Place of Work _____ Work Phone _____

List individuals authorized to pick up your student.

(Note: Only these individuals, and those listed above, will be allowed to sign-out your student. NO EXCEPTIONS.)

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____
4. _____ Phone _____
5. _____ Phone _____
6. _____ Phone _____

Is there a custody agreement in place? Circle: Yes No

Student Medical Information:

Allergies: _____

Medications Administered At School: Check All That Apply _____ Epi-Pen _____ Oral Inhaler

Other Prescription Medications: _____

Other Medical Conditions: _____

Family Doctor Information: (optional)

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Emergency Medical Treatment: In situations in which a student has a condition that represents an immediate threat to life or health, emergency medical treatment (911 Emergency Medical Services) will be sought.

Parent/Guardian Signature

Date

Prescription/Non-Prescription Medical Forms are available from the site leader or school office.