



An after school family values adventure

A ministry of Oasis Church

1730 Curtner Ave
San Jose, CA 95125
408.883.8224
KingdomKrew.org
Lic# 434403618

School Age Parent,

We are glad you are considering having your child attend Kingdom Krew this upcoming school year.

Included in this packet are items needed in order to process your child's enrollment for the 2024-2025 school year.

- Parent Fee Information
- Kingdom Krew Calendar (draft)
- ID Emergency Card (Please include your California Driver's License number (CDL#) for any persons with permission to pick-up.)
- Admission Agreement - Please read carefully.
- Preadmission Health History
- Personal Rights
- Parents' Rights
- Caregiver Background Check
- Enrollment in FACTS - online tuition payment service (REQUIRED)
- \$100 Registration Fee - will be charged to your account once enrollment is complete
- Parent Handbook – available online and in the KK office

A few things to remember:

- Tuition is \$550 per month September – May (including holiday months)
- Two week notice of withdrawal is required
- Please contact the office if there are any court orders that affect the child
- The \$100 registration fee will also cover summer 2025 registration fee
- Please review Parent Emergency Planning document. While 'Comfort Kits' aren't required, they are recommended.

We are happy to work with families who receive subsidized tuition, though space is limited. Additional paperwork is required. Please contact the office for assistance.

Scholarships are available by application for those demonstrating financial need. The Scholarship Committee will select and approve applicants depending on available funds.

Please contact the office if you have any questions.

We look forward to having your child join us for our after school program.

Lynell Frey
Administrative Assistant
kingdomkrewhub@outlook.com



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 Lic# 434416425

PARENT FEES 2024-2025

SCHOOL AGE AFTER SCHOOL PROGRAM INFORMATION

Program Start	August 8, 2024*
Program Hours	Monday - Friday, from end of school until 6:00 pm
Monthly Payment	\$550

**Modified pick up scheduled Aug. 8-20th*

PRESCHOOL TUITION (Year-Round Program)

Tuition Dates	September - August
Program Hours	Monday - Friday, 8:00 am until 6:00 pm
Monthly Payment	\$1425

ADDITIONAL FEES

Annual Registration Fee (non-refundable)	\$100 1 st child, \$75 each additional sibling
Additional FACTS account	\$50 per account, per year
Tuition Payment Due Date	1 st of the month
Late Pick-up Fee	\$1 per minute, per child
No Sign Out Fee	\$5 per day, per child
KK Late Payment Fee	\$25
FACTS Late Payment Fee	\$30
Re-Enrollment Fee	\$25 per child (during school term)
Preschool Nap Item Laundry Fee	\$25 per week (when not provided by family)

SCHOOL AGE SCHOOL YEAR BREAKS AND INSERVICE DAYS

Registration*	\$100 (non-refundable)
In-service Day♦	\$70 per day, per child
In-service Day, Currently Attending♦	\$42 per day, per child

**Children not currently enrolled in after school program*

♦ Cancellation notice required

2024 SCHOOL AGE SUMMER DAY CAMP INFORMATION

Weekly Schedule	June 10 – August 9, 2024
Registration Fee **	\$75 per child
Cost	\$375 per week, per child

***Children not enrolled in previous school year*



ID Emergency Information

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Childs Name: _____ DOB: _____ M F
Last, First, MI

School: _____ Grade: _____ Rm #: _____ KK Start Date: _____

Child Lives with: _____

Mother/Guardian: _____ CDL#: _____

Address: _____
Street City State Zip

Phone Cell: _____ Work: _____ Other: _____

Email: _____

Occupation: _____ Employer: _____

Father/Guardian: _____ CDL#: _____

Address: _____
Street City State Zip

Phone Cell: _____ Work: _____ Other: _____

Email: _____

Occupation: _____ Employer: _____

PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(People listed will be authorized to pick-up my child without further notice and must be 16 years or older.)

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Date: _____

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO KINGDOM KREW / OASIS CHURCH TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST FOR _____.

CHILD'S NAME

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE LIFE, LIMB OR WELL BEING OF MY DEPENDANT.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

In case of Medical Emergency when parent or guardian cannot be reached contact: (List in order to be contacted.)

- 1. Name: _____ Relationship: _____ Ph #: _____
- 2. Name: _____ Relationship: _____ Ph #: _____
- 3. Name: _____ Relationship: _____ Ph #: _____

INSURANCE/MEDICAL RESPONSE INFORMATION

Insurance carrier: _____ Policy No.: _____

Physician to be called in case of emergency: _____

Address: _____ Phone: _____

Dentist to be called in case of an emergency: _____

Address: _____ Phone: _____

Preferred Family Hospital to be called in case of an emergency: _____

Address: _____ Phone: _____

Please list any food allergies or special problems, fears, conditions that staff and medical personnel should be aware of.

[Signature box]

Signature of Parent or Guardian

Date

Reviewed Date

Reviewed Date

Reviewed Date

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

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IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cld.ca.gov/contact.htm>.

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CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

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PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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NAME

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CITY

ZIP CODE

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(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)