

**Kid's Konnection
Summer Child Care & Recreation Program
2021 K-5th grade**

Kid's Konnection, located on the elementary school campus, is offering summer recreation and child-care for children kindergarten age K through 5th grade.

Children will be supervised by state certified staff members and taken to swimming lessons, baseball and softball practices, library activities, games in the park, afternoon swimming, scheduled field trips and other community events. Virtually all travel will be done by walking. Children are required to bring a sack lunch and an afternoon snack will be provided.

Participants are contracting for the entire summer either: full time, part-time supervision. The summer schedule tentatively begins on Wednesday, May 19th, and ends mid-August to allow for yearly custodial duties to be performed and preparation for Pre-school. Payment plans may be set up at the discretion of the Director.

Child's Name _____ **D.O.B.** _____ **Age** ____ **Grade** ____

Parent/Guardian Names _____

Address _____ **EMAIL** _____

Parent's Cell Mother _____ **Father** _____

Emergency contact numbers _____

START DATE- Tentatively Wednesday- May 19th through mid-August , 2020

Hours: 7:00 am - 6:00 pm M-F

Rates: \$25 non-refundable registration fee to confirm your spot.

Full time contract: (over 25 hours)- \$125 week
(2 or more children \$110 each)

If center is reaching its max. capacity, full time registrants take priority.

Part-time contract #1: \$ 85 week (16-25 hours) (2 or more children \$75 each)

Part-Time contract #2: \$ 65 week (0-15 hrs.). (2 or more children \$55 each)

Drop-In Rate: \$30 per day.

Drop off time at the center is 7:00 am- 8:30 am or arrange to drop off at whatever group activity is being attended in morning.

Contract Choice

Full time contract- one child _____

Full time contract- two or more children _____

Part time contract #1 _____ **Part time #1- two or more children** _____

Part-Time#2 _____ **Part time #2- two or more children** _____

This can be adjusted if your summer situation changes.

Parent name(printed) _____

Signature _____

Return this form to Beresford PRCE Center, 305 W. Oak, Beresford SD, 57004. This Form must be completed and returned by May 1st. For more information, please call the Center at 763-2094