



**Kids Junction Preschool Care Program
Summer/Fall 2025-2026
Enrollment Checklist**

Child's Name _____ Date: _____

1. Registration Form _____
2. Medical & Emergency Information _____
3. Permission & Releases Form _____
4. Behavior Goals & Policies _____
5. Tuition Express letter _____
6. Tuition Express Authorization _____
7. Parent Handbook _____
8. Immunizations _____
9. Attendance Schedule (Separate Form) _____
10. \$50 Registration Fee _____

Check # _____ Cash _____

Office Use Only:

Staff Initials _____ Date _____

Red Wing Public Schools
Kids Junction School Age Care
Registration Form



My child is a: **New Enrollment** **Re-enrollment** **Date** _____

Child's Name _____ Birth date _____ / _____ / _____ Sex: F M
Last First

Home Address _____ City _____ Zip Code _____

Child lives with: _____ Both Parents _____ Mother _____ Father
_____ Shared Custody _____ Other: specify _____

Mother's Name _____ **Father's Name** _____
First Last First Last

Employer _____ Employer _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Home Address _____ Home Address _____
(If different than the child's) (If different than the child's)

AUTHORIZED PICKUP

In addition to parents/guardians, the people listed below have my authorization to pick up my child from the program:

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

*Children will only be released from Kids Junction when **signed out** by a parent/guardian or an authorized person.

List persons **NOT** authorized to take the child from the program. Copy of legal documents **must** be provided to staff.

1. _____ 2. _____

Parent/Guardian Signature _____ Date _____



MEDICAL AND EMERGENCY INFORMATION

Child's Name _____ Date _____

Friends or relatives to call in case of illness or emergency if you cannot be reached:

(if names are the same as Authorized Pick-Up, you may write "same")

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Physician to be called in an emergency: _____ Phone _____

Dentist to be called in an emergency: _____ Phone _____

Insurance company: _____ Policy Number: _____

I hereby grant permission for Kids Junction staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: 1) Attempt to contact a parent or guardian. 2) Attempt to contact the child's physician. 3) Attempt to contact a parent through any of the persons listed in the emergency information you completed for us. 4) If we cannot contact you or your child's physician, we will do any or all of the following: a. call another physician or paramedic. b. have the child taken to an emergency hospital 5) Any expenses under 4 above will be paid by the child's family.

Parent/Guardian Signature: _____ Date: _____

Please "X" any of the following health concerns that apply:

____ ADD/ADHD ____ Bloody Noses ____ Hearing or Vision Problems

____ Diabetes ____ Asthma or Breathing Problems ____ Seizures/Epilepsy

____ Other: _____

List all known allergies (Food, Medicine, Animal, ETC.) _____

Administration of Medication

We administer only personal prescriptions filled by a pharmacist, with a physician's label, bearing the child's name and directions for administration. Over-the-counter medications (Tylenol, Advil, Ibuprofen, etc.) must be in the original container labeled for that medication. The parent must give medication to staff along with a completed "Authorization for Giving Medication in Schools" form (physician signature required for prescriptions) which can be picked up at Kids Junction sites and is also available on the Red Wing School District website. Over-the-counter medicines taken longer than 2 weeks require a physician's signature.

Medications the child takes regularly: _____

If a child receives student support in the classroom, has an identified special need, behavior concerns, or an IEP developed please identify here: _____

Any other issues we should be aware of to help us better care for your child: _____

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If your child has any allergies, please answer the following questions.

1. Description of the allergy: _____
2. Triggers to allergens: _____
3. Techniques to avoid exposure to allergens: _____
4. Symptoms if an allergic reaction were to occur (what to watch for): _____

5. How to respond to an allergic reaction (Include medication & and dosage): _____

6. Doctor's contact information: _____

Bee Sting Treatment

The staff will observe any child that is stung. Staff will call the parent if there are any complications or call 911 if the situation is considered life-threatening.

Please check the appropriate space:

___ Yes, my child has a bee sting allergy (Please fill out the allergy questions on page 2)

___ No, my child does not have a bee sting allergy.

___ I do not know if my child has an allergy to bee stings because he/she has never been stung.

Immunizations

A copy of a child's immunizations or an applicable exemption is required before a child's first attendance day.

Sunscreen/Insect Repellent

Kids Junction will provide sunscreen/insect repellent, or if you prefer to purchase sunscreen/insect repellent for your child, must be labeled with the child's name and turned in to Kids Junction staff. Children are not allowed to carry sunscreen/insect repellent in their backpacks. Kids Junction will distribute sunscreen/insect repellent and remind students when to apply and reapply.

Please check the appropriate space:

___ Yes, Kids Junction may help administer sunscreen/insect repellent to my child if requested by the child

___ Yes, my child will need help administering sunscreen/insect repellent

___ No, Kids Junction may not help administer sunscreen/insect repellent to my child

Parent/Guardian Signature: _____ Date: _____



SOCIAL/EMOTIONAL DEVELOPMENT

Has your child had previous daycare/preschool experience? _____

If yes, where and for how long _____

How would you describe your child's normal disposition? (Examples: happy, shy, demanding, energetic, mischievous) _____

Does your child have any behaviors that we should know about? (Examples: hitting, biting, screaming, strong temper) _____

Does your child have any fears? If so how does he/she show them and how do you deal with them? _____

TOILETING

Children enrolled in Kids Junction Preschool Care and Kids Junction should be able to attend to their hygiene. Children attending are required to be toilet trained and able to use the school bathrooms independently (wash their hands in the sink, wear underwear, no pull-ups are allowed) before they begin childcare. If your child has an excessive amount of accidents, the staff will communicate with the parents to see if they can come up with a plan for the child to succeed in toileting issues. If the child continues to have accidents regularly, the child will be suspended until they are fully potty-trained.

My child has been toilet trained since? _____

What words does your child use when he/she needs to use the toilet? _____

Any patterns or concerns that would be helpful to know? _____

EATING HABITS

How would you describe your child's appetite? (Circle One) Very Good Average Choosey Poor

SLEEPING PATTERNS

What time does your child usually go to bed? _____

What time does your child usually wake up? _____

Does he/she nap? _____ If so, what time of day and length of time? _____



PERMISSION AND RELEASES

Child's Name _____ Date _____

WEATHER-RELATED EARLY RELEASE/SCHOOL CLOSING

Please make sure your child knows his/her responsibility on early release days.

In the event of an early release of school due to bad weather, I would like my child to:

_____ Go home on the bus _____ Go to Kids Junction

If a late start turns into a closing and Kids Junction reduces to one site, I give Kids Junction staff permission to transport my child to the other location.

_____ YES _____ NO - *I understand that if I decline permission to transport my child, I will be expected to pick my child up at the time requested by staff.*

FIELD TRIP PERMISSION

Field trips may be planned from time to time as part of the activities of the program. This may include walking to nearby parks, ball fields, stores, etc. I understand that I will have prior notification of all field trips out of town. I give my consent for my child to take part in walking field trips and ride in school district vehicles, such as vans, for in-town trips to the library, pool, etc. under proper supervision. I also give consent for my child to partake in out-of-town field trips that I have registered for.

_____ YES _____ NO

RECORDS RELEASE

I hereby authorize Red Wing School District to release a copy of the above-named child's most recent school records, including but not limited to immunization and physical exam records, special needs assessments, and IEPs to enable the Kids Junction program to better meet the needs of my child.

_____ YES _____ NO

MAJOR NUCLEAR ACCIDENTS

In the event of a major nuclear accident, **ALL** students and staff members will be evacuated from their school and transported by bus to the emergency reception center in Cottage Grove (National Guard Armory, 81 Belden Blvd, Cottage Grove, MN). The decision to evacuate or not is made by the Goodhue County Emergency Operations Center. Additional information will be announced on KCUE. No other options for dismissal will be allowed when an evacuation is necessitated by a nuclear emergency.

PHOTO POLICY

There are occasions when representatives of District 256 photograph students while attending Kids Junction. Parents/guardians not wanting their child's picture published, featured on the internet and/or social media sites, and/or news media should notify, in writing, the Kids Junction staff.

POLICY AGREEMENT

I have received a copy of the Parent Handbook and understand that I am responsible for the information contained in it. I recognize my responsibility to respect the rules of the Kids Junction program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants. I agree to pay for any damages my child might cause while participating in the program.

_____ YES _____ NO

Parent/Guardian Signature _____ Date _____



KIDS JUNCTION BEHAVIOR GOALS AND POLICIES

BEHAVIOR GOALS AND POLICIES

We expect children to respect each other, the staff, and the facility, just as the staff respects each child and parent. We believe in a positive method of guidance that emphasizes the rights and needs of others, related to acceptable standards of behavior. This behavior policy is intended to maintain a positive environment where children and staff can feel safe, respected, and accepted. To promote success for your child in Kids Junction, please review policies with your child before he/she joins the program.

DESIRED BEHAVIOR - GENERAL RULES OF BEHAVIOR

Children shall respect each other, the staff, and the facility. Walk in the room and hallways. Keep feet and bodies off the tables and counters. Use positive remarks-no put-downs or name-calling. Keep hands, feet, and toys to yourself.

CHILD GUIDANCE PROCEDURES

PROCESS FOR PROMOTING SUCCESS IN ALL CHILDREN Kids Junction views discipline as an opportunity to teach children social skills needed to function successfully in daily life. Kids Junction staff encourages appropriate behavior through clear guidelines, consistent consequences, and positive staff interaction. When working with children, Kids Junction staff remains proactive, guiding children in making appropriate choices and redirecting them as needed.

PARENTS AS PARTNERS To be more effective in working with children, Kids Junction staff team up with parents to work on issues together. Ongoing communication between home, school, and Kids Junction promotes success for children. When staff understand children's needs, they can respond appropriately to those needs.

DISCIPLINE NOTICES AND PLANS FOR SUCCESS AT KIDS JUNCTION When a child demonstrates consistent inappropriate behavior or needs that go beyond program expectations, staff will make every effort to remedy the problem. If their efforts do not bring success, a behavior notice will be issued and signed by the staff **and** parent/guardian.

An "**Incident Notice**" is issued when behavior is:

1. Unwanted/offensive – intended to hurt others physically, emotionally, or intended to damage property.
2. Repeated – intervention does not work, or
3. Disrupts the site – impacting the wellbeing of other children and/or staff.

First Notice – Notification to alert parents about behavior issues at Kids Junction.

Second Notice – A meeting with parent, child, and Kids Junction staff will be scheduled to discuss the behavior issues. An action plan will be developed at the meeting to promote the child's success in Kids Junction.

Third Notice – Five-day suspension from Kids Junction. The child may not return for five scheduled days. The child may return as long as he/she follows appropriate guidelines.

Fourth Notice – Child care services are discontinued.

Immediate Suspension - For the safety and benefit of all children in the program, Kids Junction reserves the right to immediately suspend any child who: causes or attempts to cause physical injury to self, or others or causes or attempts to destroy property, or leaves the designated Kids Junction area with intent to run away or hide from staff.

Unable to Continue Services

Kids Junction strives to meet the needs of all children enrolled; however, occasionally our program is not in the best interest of the child. Children are required to function in an active environment with several options. We are not able to care for a child who is unable or unwilling to follow Kids Junction guidelines. (i.e. wandering/running)

I have read and discussed with my child, and agree to abide by the above behavior guidance plan.

Parent/Guardian Signature _____ **Date** _____



RIGHTS TO REFUSE SERVICE

Kids Junction reserves the right to refuse service to a child if it is determined that the program cannot meet the needs of the child. If the program determines a child should be dismissed, the parents will be given adequate notice so other childcare arrangements can be made.

Reasons for termination from the program may include, but are not limited to:

- Abusive language and/or threatening behavior toward staff or other children by child or parent.
- Parent(s) arrive for pick-up after 6 PM more than three times during the year.
- Failure to pay for services, or to contact program coordinator to develop a workable plan for payment within 14 days of receiving a billing statement. Notice of discontinuation of childcare services due to non-payment may be put into effect immediately and without warning. Billing statements and/or past-due letters sent would serve as adequate notice.
- It is decided that the program can no longer meet the needs of the child.
- Blatant disregard of childcare policies and procedures.

Parents are encouraged to express dissatisfaction in writing, directly to the childcare director if they are uncomfortable talking directly with the staff person involved or the lead teacher. It is not ethical to involve other staff or parents in an individual concern, and it is not ethical to have that concern affect staff relationships. It is also not ethical to involve outside agencies before going to the director with concerns.

Parent/Guardian Signature _____ Date _____

WHAT TO BRING AND NOT BRING DURING SUMMER CARE:

What to bring:

- Water Bottle
- Lunch if desired (in a labeled lunch box or bag), No pop allowed.
- Field trip needs (socks, closed-toed shoes, suit, towel, etc.) as explained on the summer calendar*
- A backpack to keep things together

** Failure to bring the required items will result in the child not being able to attend, but the parent/guardian will still be billed.*

What **NOT** bring:

- Snacks
- Personal Toys
- Money above the approved limit for the field trip
- Cell Phones, tablets, or other electronics

Parent/Guardian Signature _____ Date _____

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Dear Parents,

For your convenience and to save you valuable time, Kids Junction offers a method of collecting and processing fee payments. There are now three options for you to choose from:

1. Reoccurring Payment from checking or savings account
2. Reoccurring Payment from credit card (Visa, MasterCard or Discover)
3. Point of Sale (payment with a credit/debit card on-site at the touch screen)

Tuition Express, part of our ProCare software management system, will allow us to process tuition and fee payments safely, quickly, and efficiently. Your personal account information is safe and secure with Tuition Express.

Once enrolled in Tuition Express, if using a reoccurring payment option (options 1 and 2), your fee payments will be paid automatically. Every Monday your fees from the previous week will be deducted from your account. Kids Junction can produce a receipt for your payment or you can receive instant email notification by signing up at www.tuitionexpress.com.

To enroll in the recurring payment from a checking/savings account or a credit card, please fill out the attached form and turn it into Kids Junction staff, or call Justin at 651-385-4621.

To make a Point of Sale transaction (payment with credit/debit card on the touch screen computer), you will need to have a valid email address in our ProCare system. Kids Junction staff can enter this information for you at any time, and you'll then be ready to make payments onsite. A staff member will be happy to show you how this is done.

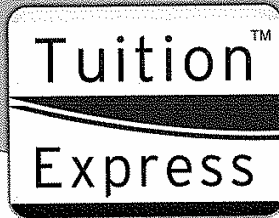
While our program encourages you to enroll in one of these three options, you may still make payment with check/cash on-site.

Take advantage of Tuition Express's convenience today!

Sincerely,

Justin Plein
Kids Junction Program Coordinator
651-385-4621
jjplein@rwps.org

Red Wing Public Schools
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Registration Form



*Automated Payment Processing
Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

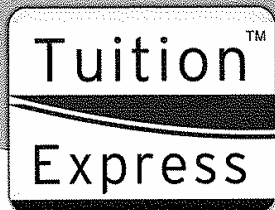
| | | | |
|--|--|---|----------------------------------|
| Your Name _____ | | Phone # _____ | |
| Address _____ | | City _____ | State _____ Zip _____ |
| Bank or Credit Union Name _____ | | | |
| Bank or Credit Union Address _____ | | City _____ | State _____ Zip _____ |
| | | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Routing Transit Number (see sample below) _____ | | Account Number (see sample below) _____ | |
| Signature _____ | | Date _____ | |
| <input type="checkbox"/> Check if you wish to make online payments | | | |

| |
|------------------------------|
| For Official Use Only |
| |
| Date Received |
| |
| Employee Signature |
| |

| | | | |
|---|----------------|-----------------------------------|-------|
| John Sample Mary Sample 123 Nice Street Anytown, USA | | BANK OF THE WEST 555-555-5555 | 00226 |
| Pay to the order of: _____ | | Attach Voided Check Here \$ _____ | |
| Deposit slips not accepted | | Dollars _____ | |
| 123456789 | 18003381 | 0226 | |
| Routing Number | Account Number | Check Number | |

A service of





*Automated Payment Processing
Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name

Phone #

Cardholder Address

City

State

Zip

Account Number

Expiration Date

Cardholder Signature

Date

☐ Check if you wish to make online payments

For Official Use Only

Date Received

Employee Signature

A service of



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