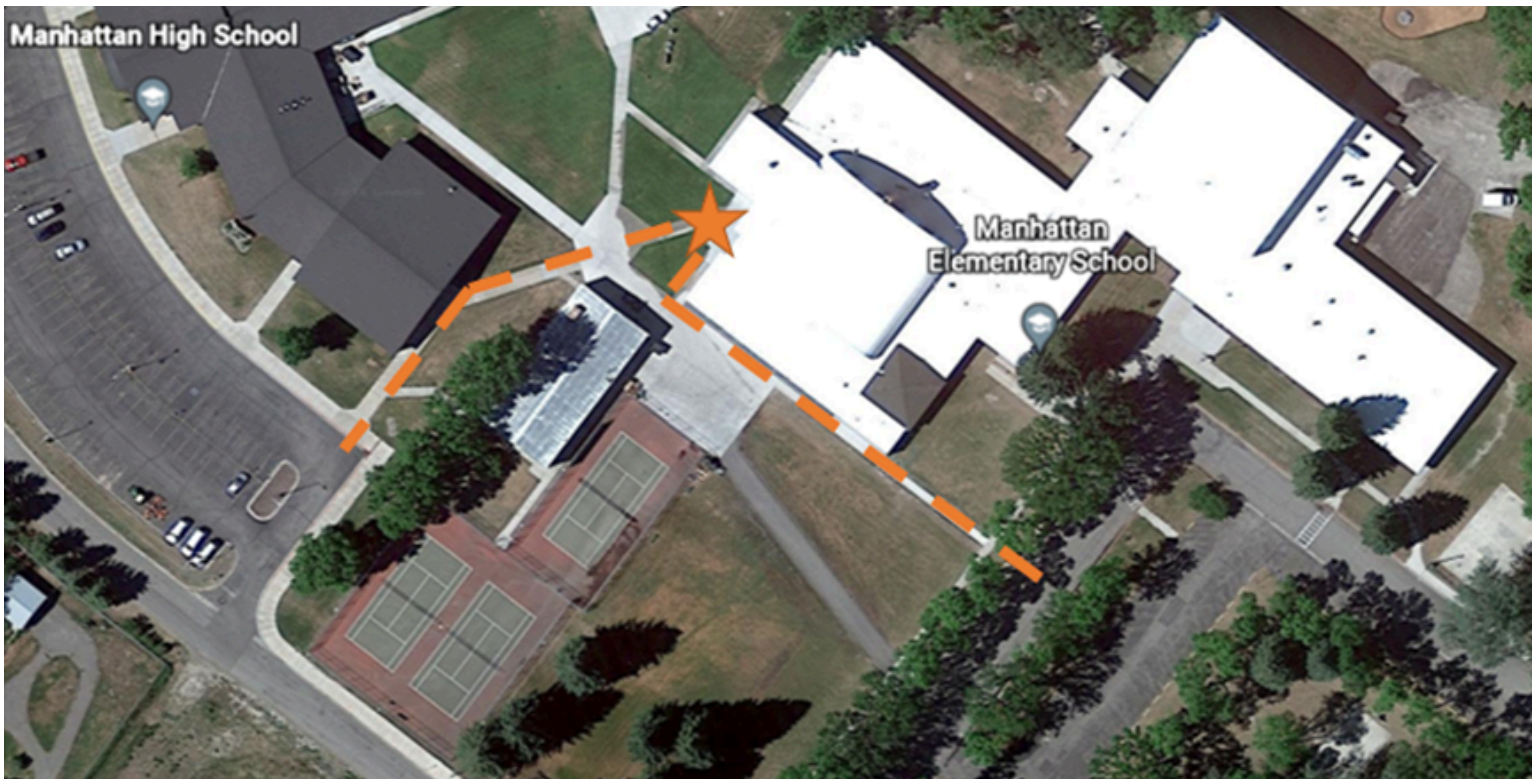


Welcome to kidsLINK Tigers After School!

Manhattan Public Schools (MPS) and Greater Gallatin United Way kidsLINK (GGUW) have partnered to offer kidsLINK Tigers After School. Our after school program is here to keep students safe and engaged in fun filled activities while allowing families to complete their workday. It also gives families flexibility to run to the doctor or dentist in the afternoon without worrying about what to do with their school age kids. Mrs. Kallestad is the After School Program Coordinator and is the main contact. She works closely with school staff and administrators to ensure a successful and enriching program.

- * This program is available to students enrolled here at MPS.
- * We follow the same school policies and procedures outlined in the school handbook, with some modification, as this will be after school hours. There will be no school nurse available after school for medications. We will have access to the nurses cabinet in an emergency.
- * The program runs with the 4 day school week as shown on the Manhattan School District #3 Calendar. We are not available during any of the following: pre-scheduled early release days (1:00), PIR days, Vacation days, or other school closures.
- * Students must have proper apparel for the weather (snow pants all winter long, waterproof boots from about November-April, etc...)
- * We will be in the elementary (elem) school and use the elem. playground. **Please call 595-6644 when you are on-site for pick up.** We will either have you walk towards elem. door #14 (see map below) or perhaps meet us on the playground or at the library.



SAMPLE SCHEDULE:

- 3:35 - 3:45 Meet students and take roll.
- 3:45 - 4:15 Have a healthy parent provided snack and go over school work.
- 4:15 - 5/5:15 Go outside/guest speakers
- 5/5:15 - 5:30 Additional tutoring, crafts, reading time, etc..

CONTACT INFO:

1. Email: AfterSchool@MHStigers.org - best way to get in touch is via email
2. The After School Program cell phone: **406-595-6644** (3:00-5:30pm on school days)
3. Mrs. Kallestad's personal cell 406-799-9463 (*ONLY for emergencies, after hours or the weekend are not emergencies*)

PRICING & RESERVATIONS:

One Time Registration: \$15 single child or \$25 family registration fee.

Level 1: Pick up by 5:30 - \$8 per day (\$6 per child/per day for siblings). Monthly payment and schedule due by the 15th of the month prior.

***Scholarships:** Are based on available funding from GGUW. Please complete the registration information to apply for assistance. Income verification and work schedule must also be provided.

***Staff** - Please inquire about our staff rates.

Level 2: Pick up by 6:00 is available on a seasonal and as needed basis during the winter months (typically November-March) when extra drive time is needed - \$10 per day, per student. Monthly payment and schedule due by the 15th of the month prior (no sibling, scholarship or staff discount).

Level 3: Care requested/paid for after the 15th of the month prior. Short notice care is not guaranteed, but we will do our best. If a spot is available, the rate would be \$15 per day (no sibling, scholarship or staff discount). *This amount is due prior to the student attending so if this is the day of please plan to pay online.*

OTHER FEES & INFORMATION:

Late pick up: A one time 5 minute grace period will be allowed to account for unexpected traffic or a train. A \$1 per minute late fee will be accessed per child. If this occurs more than 3 times you may be bumped up to level 3 rates for the next billing period and will still be charged late fees.

Sick days or short notice: All schedule changes or absences must be communicated via email. If you need to cancel care at any point, we do require 2 weeks notice in order to issue a partial refund for any remaining days after that two week notice.

HOW TO PAY:

1. **Online payment** using your School Infinite Campus Account
2. **Leave payment** with Mrs. Holzworth at the Elementary Front Desk
 - a. **Checks payable to: "Manhattan School District" MEMO: "After School"**
3. **Mail payment** to Manhattan Schools "ATTN After School" PO BOX 425 Manhattan, MT 59741

NEXT STEPS TO ENROLL AND SCHEDULE:

1. Sign & return registration pages (*please keep this page for policy reference and pick up instructions*).
2. Once the paperwork is received, you will be emailed a "Google Form" to schedule the dates you need care.
3. Once the Google Form is received you will be emailed an invoice for the dates of care.

**Invoiced rates are based on the date the schedule and paperwork are both received.*

**We will not start care until schedule, paperwork and payment have all been received.*

kidsLINK Tigers After School Registration Form:

STUDENT INFORMATION:

Student Name, Grade & Teacher: _____

Gender: ___ Male ___ Female Birthdate: _____

Pediatrician & Clinic Name: _____

*Allergies & list of current medications (allergic to cats, peanuts, epi pen, inhalers, etc.):

Does your child have needs or sensitivities that would be helpful for our child to know:

What are the best ways your child responds to redirection or how can we request behavior change?

LOCAL EMERGENCY CONTACTS: Name & Cell Phone Number

(These contacts will also be allowed to pick up your student):

1. (Yourself): _____

2. _____

3. _____

4. _____

5. _____

List any additional pick up persons and cell numbers here (out of town relatives who might come to pick up):

Names and ages of other siblings in household: _____

BILLING & CONTACT INFORMATION:

Your name & relationship to student: _____

Your Email (Gmail is most compatible): _____

We use email for all correspondence: scheduling, invoicing and messages.

Work Name & Number: _____

Physical address: _____

Mailing address: _____

Adult 2 name & relationship to student: _____

CC Email (if applicable): _____

Work Name & Number: _____

HOUSEHOLD INFO: *This program could not provide scholarships without grant funding. Our grant funding is based on household income levels and what percentage of low income families we are able to help. The information you provide here is very helpful to ensure the longevity of this program.*

Marital Status: Not married Married Separated Divorced Widowed

If separated or divorced, who is the custodial parent and please explain the custody schedule:

Number of persons living in the home: _____

Annual net income for household (all working adults): _____

SCHOLARSHIP INFORMATION: Scholarships are available for working families in need of after school childcare to complete their work day. Families requesting assistance will have their income verification and work schedules reviewed throughout the year. *** Registration fees are not covered by the scholarship.***

Do you wish to apply for scholarship assistance? Yes No *(If yes, please provide your last filed tax returns and current work schedule.)*

Do you qualify for Free/Reduced Lunch? Yes No (The school also gets funding based on free and reduced lunch applications, please be sure to fill one out at the front office.)

PHOTO RELEASE: Pictures may be taken for the purpose of adding to the yearbook, publicity or marketing. By "agreeing", I hereby grant permission to MPS and/or GGUW to use the picture in print or electronic means.

I agree I don't agree

SIGNATURE & DATE: _____

By signing you are accepting the aforementioned policies, procedures and fee schedule