



Kelley Elementary
1900 N. Janeway
Moore, OK 73160
405 735-4400 School
405 793-3238 Fax
www.mooreschools.com/kelley

May 1, 2018

Dear Parents,

Attached you will find your Comet Care 2018-2019 enrollment package. Please complete all of the information and return it to school in your child's Thursday folder.

You must enclose all of the following items for your child to be enrolled in Comet Care:

- 2018-2019 Comet Care Enrollment Form
- Signed Comet Care Policy and Procedures
- Signed Comet Care Payment Schedule
- Signed Insurance Notification
- Signed Compliance File Notification
- Enrollment fee (non-refundable)

Thanks for participating in the Comet Care program.

Charles Dutton,
Comet Care Director

Teacher _____

2018-2019 Comet Care Enrollment Form

(Before and After School Program)

_____ Before Care Only 7:00 – 8:00 a.m. Enrollment Fee Due at time of enrollment.
_____ After Care Only 3:15 – 6:00 p.m. \$30.00 for the first Child(non-refundable)
_____ Both Before and After Care \$15 for each additional Child(non-refundable)

Rate Plan for Comet Care: (choose one) _____ Daily Rate Plan _____ Weekly Rate Plan

Student Full Legal Name: _____
(last) (first) (Middle)

Resident Address: _____
(street name and number) (city, state and zip code)

Home Phone: _____

(1) Parent/Guardian Name _____
(last) (first) (Middle)

Relationship to student _____ (cell) _____

(home) _____ (work) _____ (ext) _____

Email: _____ @ _____

(2) Parent/Guardian Name _____
(last) (first) (Middle)

Relationship to student _____ (cell) _____

(home) _____ (work) _____ (ext) _____

Email: _____ @ _____

Emergency Contacts (please list in order that they are to be contacted and will also have permission to pick up your child at the end of the session.)

Name _____ Relationship to student _____
(cell) _____ (home) _____ (work) _____ (ext) _____

Name _____ Relationship to student _____
(cell) _____ (home) _____ (work) _____ (ext) _____

Name _____ Relationship to student _____
(cell) _____ (home) _____ (work) _____ (ext) _____

I read and understand the guidelines for the Comet Care program and agree to abide by them.

Parent's Signature _____ Date _____

Comet Care Payment Schedule

2018-2019 School Year

You must enroll in either weekly or daily care plan. You may not switch back and forth between the two plans.

Weekly Care Plan

Before Care (charges will be prorated for the number of school days each week)

\$25 per week

\$30 (\$5 late fee will be applied for payments not made by the third school day of each week)

After Care (charges/discounts will be prorated for the number of school days each week)

\$68.75 per week

\$73.75 (late fee will be applied for payments not made by the third school day of each week)

Before and After Care (charges/discounts will be prorated for the number of school days each week)

\$87 per week

\$92 (\$5 late fee will be applied for payments not made by the third school day of each week)

Daily Care Plan

Before Care (due on or before the day of service)

\$6 per day (\$5 last fee for any fee not pay by the date of service)

After Care (due on or before the day of service)

\$15 per day (\$5 last fee for any fee not pay by the date of service)

Before and After Care (due on or before the day of service)

\$21 per day (\$5 late fee for any fee not pay by the date of service)

I choose to participate in the _____ Weekly Rate Plan _____ Daily Rate Plan. I understand that payments are due on or before the first school day of each week.

Child's Name _____ Parent's Name _____

Parent's Signature _____ Date _____

Comet Care Policy and Procedures

Payment Policy

- All payments are due by the first school day of each week. Payment must be received before services are rendered.
- Payments received on the first day of the month or the first school day of the week will receive a discount based on the number of school days that week or month.
- Any payments not received by the second school day of the week will be subject to a \$5 late fee. Anyone with overdue fees which are more than 5 days late will not be allowed to attend.
- Should school close for inclement weather, Comet Care will be closed and your payment will be credited to your account.
- There will be a \$20.00 fee for any returned checks. After a returned check, only money orders or cash will be accepted. A child cannot attend if a returned check has not been taken care of within 5 days.
- You must choose whether you are enrolling under the daily plan or weekly plan. You may not switch back and forth between the two payment plans.
- You are responsible for payments whether your child is in attendance or not.
- You must notify the director in writing if you are withdrawing from the program. Notice must be received two weeks in advance. You are responsible for any payments due from the time of the withdrawal notice to the end of the two weeks.

Arrival and Departure

- Children will be dropped off and picked up at the media center doors on the Northeast side of the building unless otherwise notified.
- Parents must come in to sign their child(ren) in and out each day. We reserve the right to ask to see your identification at any time you are picking up your child.
- Children may not be dropped off before 7:00 a.m. and must be picked up by 6:00 p.m.
- Please notify staff if someone other than those listed on your Comet Care enrollment form will be picking up your child or dropping them off. Proof of identification will be required from the person picking your child up. The direct line to the media center is 735-4403.
- Any child not picked up by 6:00 p.m. will have a late charge of \$5.00 per minute added to your payment.

Guidance and Discipline

- All Kelley and district policies will be followed during Comet Care hours.
- Comet Care reserves the right to refuse services to any child who is unable to cooperate with staff and/or other students.

Emergency Procedures

- In case of severe injury or acute illness, 911 will be called and the parent/guardian will be notified immediately.
- Anyone with reason to suspect emotional, physical, sexual abuse or neglect is obligated by law to contact the Department of Human Services.

Miscellaneous

- Parents must notify the director in writing of any food allergies their children may have.
- All children will participate in gym and outdoor activities. If your child is healthy enough to be at school, they are healthy enough to participate in gym and outdoor activities. Exceptions will be made for medical situations with a Doctor's note explaining the condition and reason for not participating.

As legal guardian of _____ I understand the policies and procedures listed within this contract and agree to abide by them for as long as my child/children are participants of Comet Care.

Parent's Name (print) _____

Parent's Signature _____ Date _____



Insurance Notification:
Child Care Programs and Family Child Care Homes



Program Information

Comet Care - Kelley Elementary K8 30053401
 Program name License number

1900 N. Janeway Avenue Moore OK 73160
 Street address City State ZIP code

1900 N. Janeway Avenue Moore OK 73160
 Mailing address City State ZIP code

405-735-4400 Charles Dutton
 Phone Owner

Child Information

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

Agreement and Signature

- I understand and am aware this program:
 - does not maintain general liability insurance coverage, as defined by Section 707 of Title 36 of the Oklahoma Statutes, of at least two-hundred-thousand dollars (\$200,000) for each occurrence of negligence. This insurance would cover injury to a child due to negligence that occurs while the child is in the care of the child care program.
 - reports self-insurance in accordance with state law.
 - is required to post **Form 07LC093E, Insurance Exception Notification** in a conspicuous location.
 - Select for a copy of **Form 07LC093E, Insurance Exception Notification** which is to be provided to parents upon enrollment or when information changes.
- This form is to be completed:
 - upon child enrollment; and
 - every 12 months thereafter.

 Per legal guardian name Parent or legal guardian signature Date

This document does not meet posting requirements per OAC 340:110-3-275 through 340:110-3-311, and DHS Pub 14-15 Licensing Requirements for Child Care Programs, and is a parent provided document only. Information contained in DHS Pub 14-01 Notice to Parents is stated below. You may obtain a copy of DHS Pub 14-01 by calling 1-877-283-4113, or by faxing (405) 962-1741.

NOTICE TO PARENTS

Please review the following records on a regular basis at child care centers, day-camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

Posted: The program is required to post:

- This Notice to Parents; and
- Child Welfare Investigative Summary, with confirmed and substantiated findings for 120 calendar days from the date the investigation is completed as indicated on the form.

Compliance file: The program is required to make accessible in a prominent location the following documents, maintained together, with the most recent on top and all child-identifying information removed. The compliance file includes items within the last 120 calendar days, at a minimum, from the date on the document or the investigation completion date on the form, unless requirements state otherwise.

The compliance file **only** contains: compliance monitoring from Licensing, Stars and tribal agencies, such as: **monitoring visit forms**; including the most recent visit; **case status information**; such as forms and correspondence regarding: issuance of permits and licenses; non-compliances and Stars violations; notices to comply; complaint findings; office conferences with Licensing, Stars and tribal agencies; Stars alternative settlements and reductions; consent agreements, denials of a request for license, and revocations of a license; child welfare investigative summary, regardless of findings; however, confirmed or substantiated findings are maintained in the file for 12 months; granted criminal history restriction waiver notifications are maintained in the file for as long as the individual is employed or is living in the facility; and other documents indicating placement in the compliance file.

Online

Child care locator and case summary: Access at the below Web address.

Licensing requirements for child care programs: Access at the below Web address or contact the local DHS office below for a mailed copy.

At the DHS local office

Public licensing file: Contact the local office below to schedule an appointment.

Case summary: Contact the local office below for a faxed or mailed copy.

If you believe licensing requirements are not being met or you have questions, please contact a child care licensing specialist from DHS Child Care Services at:

DHS local office
Child Care Services

Address: _____ Phone: _____

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>