



# Club KHAOS

**Before & After School Programs 2016 / 2017**

Teaching the value of play since 1994

**DES MOINES  
PARKSIDE**

**NORTH HILL  
MARVISTA**

**MIDWAY  
WOODMONT**

**206-870-6527**

**[www.desmoineswa.gov](http://www.desmoineswa.gov)**



City of Des Moines Park & Recreation Department  
Field House Office  
1000 South 220th Street  
Des Moines, WA 98198  
Telephone: (206) 870-6527

Club KHAOS (Kids Having An Outrageous School Year)  
Program Coordinators: Rick Scott, Recreation Coordinator, (206) 870-6586

Welcome to another school year with the City of Des Moines Park and Recreation Department's Club KHAOS program! This handbook will provide you with information about our program and procedures. We are dedicated to providing your child with fun and meaningful before and after school recreation experiences and we are very proud of our staff's experience and dedication. We also welcome parent/guardian involvement in our program; be sure to let us know if you would like to help with a project, lead a club, activity, or participate in some other way. If you have any questions or concerns at any time, be sure to contact a staff member.

**MISSION STATEMENT:** The Des Moines Park and Recreation Department Youth Outreach Program is dedicated to providing Des Moines area youth, grades K-8, with a broad range of fun and meaningful experiences designed to foster the greatest possible personal growth in each individual who participates in the program. Des Moines Park and Recreation Department Youth Outreach Programs will meet a standard of excellence. All programs will be well planned, well supervised and highly energized. The purpose is to expose children to new experiences, teach children new skills and abilities as well as to improve the level of social interaction and self-worth through praise and attention.

**GOAL:** It is our goal to provide a safe and fun program. We encourage socially positive habits and attitudes through active participation in this recreation program. To make these goals a reality, the Des Moines Park and Recreation Department will employ qualified staff members who care about children and will be a positive influence.

### **ADMINISTRATION/REGISTRATION OFFICE**

Des Moines Field House  
1000 South 220th Street  
Des Moines, WA 98198  
Phone: (206) 870-6527

Administrative Office Hours:  
Monday-Friday 8:00am-6:00pm\*

\*Recreation Program Staff are on duty at the Field House **most** evenings until 7:00pm and varying hours on weekends. Please refer to the office hours posted on the front door of the Field House. Registration and payment can be accepted during office hours and by evening Recreation Program Staff. After regular office hours, please call ahead to confirm that we are open.

### **EMERGENCIES**

If an emergency arises and you need to contact a participant during the program, please call the Field House at (206) 870-6527 and the Recreation Leader will be contacted.

## ABOUT Club KHAOS Before & After School Programs

Club KHAOS is an opportunity for kids to make new friends, participate in recreational activities and have fun. In an attempt to bring your child diverse and well-rounded before and after school recreation opportunities, we have implemented the following components: recreation and physical fitness, arts and crafts projects, nature projects and activities, leadership activities, homework help and quiet time, and nutritious snacks. Themes will occasionally revolve around holidays. If your child does not celebrate certain holidays, please let staff know.

The following is a sample breakdown of the components in the program. Actual times will vary depending on the size of the group, and to a limited degree, leader preference.

Snack Time	15 minutes
Recreation & physical fitness	30 minutes
Homework help & quiet time	45 minutes
Arts and crafts projects	30 minutes
Free Play	30 minutes

## PROGRAM SCHEDULE

Wake Up in KHAOS	6:30am-School Start
Sunset in KHAOS	School End-6pm

**During school district in-service days, conference week, winter break, mid-winter break, spring break and summer break, alternative day camp programs may be offered by the Des Moines Park and Recreation Department for an additional fee. Please call (206) 870-6527, or refer to our Recreation Guide for more information.**

## SNOW DAY/UNSCHEDULED CLOSURE PROCEDURES

Snow or other unscheduled closure days are difficult for everyone involved. Most of the staff at the Before and After School Programs have more than one job and/or are students. Because of this, it is nearly impossible for Before School Program Staff to extend their work hours beyond 9:00am. Therefore, when your school has a late start because of snow or an unscheduled closure, the Before School Program will be cancelled, and your account will be credited for that day. If the school day is cancelled because of snow or another unscheduled closure, both Club KHAOS Before and After School Programs will be cancelled. If the district closes all after school activities because of weather Club KHAOS After School will be cancelled. If snow occurs during a holiday break camp, the recreation coordinator will determine as soon as possible, if it is safe for staff to hold the camp. If you ever have any questions about our programs, please call the Field House at (206) 870-6527 for more information.

## LOCATIONS/TRANSPORTATION

Club KHAOS Before and After School Programs are available at the following schools:

- Des Moines Elementary, 22001 9th Avenue South\*
- North Hill Elementary, 19835 8th Ave. S, Seattle
- Marvista Elementary, 19800 Marine View Drive SW, Normandy Park
- Parkside Elementary, 2104 S. 247th Street
- Woodmont Elementary, 26454 16th Avenue South
- Midway Elementary, 22447 24<sup>th</sup> Avenue South

**NOTE:** Participants are not required to be students of the host school. Limited transportation is available by the Highline School District or Federal Way School District Transportation Department.

**Transportation must be approved by Coordinator before acceptance.**

## PROGRAM SNACKS

A breakfast snack will be served at all Club KHAOS Before School Programs and an afternoon snack will be provided at all Club KHAOS After School Programs. If you are interested in receiving a full breakfast, please contact your individual school for more information.

## MEDICAL/PERSONAL INFORMATION

The Medical History/Personal Information Form **must** be turned in to the Recreation Office at the Field House **at least 48 hours prior to the child attending their first day of Club KHAOS**. Copies of this form will be distributed to the appropriate Recreation Leader. This form gives us important information on any allergies or medical conditions your child may have. The personal information form is critical in alerting us of anyone authorized to pick up your child from our program and gives us permission to treat your child in case of an emergency.

## ILLNESS/MEDICATIONS

In the event of illness, please do not send your child to Club KHAOS Before or After School Programs. We do not have the staff or the facilities to care for sick children. If a child becomes sick during the program, he/she will be kept as comfortable as possible and the parent/guardian will be notified. If removal from the program is warranted, the parent/guardian will be notified and asked to pick up their child promptly. If the parent/guardian cannot be reached, emergency contacts will be called. If no parent can be reached and symptoms persist, the child's physician will be notified and his/her direction followed.

We encourage you to make arrangements with the school to administer prescription medication during regular school hours. However, if your child is on a special schedule during Club KHAOS Before and/or After School Program hours, prescription and non-prescription medications will be administered only with an Authorization Form on file on site and at the Recreation Office, signed by the parent/guardian. All medications must be in the original container with the child's full name and correct dosage, and must be turned in to the Recreation Leader. The Recreation Leader will be responsible for administering the medication. Children may not medicate themselves while attending Club KHAOS Before or After School Programs.

## SIGN IN/SIGN OUT PROCEDURES

Children enrolled in the Club KHAOS Before School Program must be signed in every program day by a parent or authorized guardian. We are not responsible for children not signed in by their parent/guardian.

**Non-compliance with this essential rule will result in expulsion from the program.** Consequently, children enrolled in the Club KHAOS After School Program must be signed out each evening by a parent/guardian. No child will be released from the program until a parent or authorized person arrives to pick him/her up. Please be prepared to show identification if asked; this is for everyone's safety. If someone who is not on the Authorization Form needs to pick up your child, you must inform the Club KHAOS Before or After School program leader in writing (signed and dated) prior to the scheduled pick-up. That person should be prepared to show identification when they arrive at the program. **We will not release a child without proper authorization. It is the responsibility of the parent/guardian to notify the Park & Recreation Department Staff (206-870-6527) when your child will be absent from the program.**

## AFTER HOURS PICK UP

Children may be picked up at any time during the program. Club KHAOS After School ends at **6:00pm sharp**. You will be charged \$1.00 for each minute after 6:00pm that you are late. **If you will be late, please contact the Des Moines Park and Recreation Department at (206) 870-6527**. Staff will alert the program leader of the situation. We use school clocks to determine time. **NOTE: Calling the Park & Recreation Office will NOT waive your late fee.**

## PROGRAM FEES

Club KHAOS Before and After School Program fee schedule may be obtained by calling the Des Moines Park and Recreation Department at (206) 870-6527. Monthly Rates are also published in the Des Moines Park and Recreation Program Guide and on our website at [www.desmoineswa.gov](http://www.desmoineswa.gov). Registration is due on a monthly basis prior to program usage.

## MONTHLY RATE

We have a monthly rate, if participation is paid in full at the beginning of the Month. This Discounted Rate is for only those who pay for the entire month upfront. If not paid in advance, you will be charged the Daily Rate. The Monthly Rate is non-refundable and non-transferable.

## DAILY RATE AND POLICIES

To reserve your child's space as a daily rate participant there is a required \$200 deposit for each month in attendance. Any money remaining at the end of each month can be credited to your account or reimbursed. If your usage exceeds the \$200 deposit, the remaining balance will be owed before continuing attendance plus an additional \$200 deposit. You may choose to pay a Daily Rate for Club KHAOS Program at a fee of \$17R/\$20NR for the Before School Program and \$17R/\$20NR for the After School Program or \$22R/\$25NR on an early release days for the Highline School District. For Woodmont Elementary the Before School Fee is \$14R/\$16NR and \$20R/\$23NR for the After School Program or \$22R/\$25NR on an early release days. Please call the Des Moines Park and Recreation Department at (206) 870-6527 to register and pay for your child as a daily participant prior to attending. The Medical History/Personal Information Form **must** be turned in to the Recreation Office at the Field House **at least 48 hours prior to the child attending the first day of the session**

## FEES AND PAYMENTS

No refunds are available on program enrollments unless special arrangements have been made with the Recreation Coordinator, and then only for special circumstances (extended or serious illness or injury, relocation). Payments are accepted over the phone or at the Des Moines Field House only.

**RECREATION LEADERS MAY NOT ACCEPT PAYMENT FOR FEES DUE.**

Our Club KHAOS fees are formulated to cover the costs of staff and supplies and are based on a minimum number of participants. Children enrolled in the program are reserving time, space, supplies, and staffing regardless of attendance. In order to ensure that these costs are covered, the following policies will be in effect:

- Fees are to be paid in full by the 1<sup>st</sup> of each month. If the 1<sup>st</sup> falls on a holiday or a weekend, payment will be due on the next business day. If payment is not received by the 1<sup>st</sup>, your child will not be allowed in the program until payment is received. In addition, a \$25 late fee will be assessed for any late payments.
- You may also pay with a credit or debit card over the phone. To do so, please call the Field House at (206) 870-6527. If you would like us to automatically charge your credit card each month, please fill out the automatic payment form and turn it into the Recreation Office. The City of Des Moines Park & Recreation Department will not automatically charge your card without the appropriate paperwork.
- If a check has been returned NSF or a credit card has been declined, cash or money order will be the only acceptable payment for future fees, and a \$40.00 charge will be added to your program fee. We reserve the right to cancel any remaining registrations until the fees are brought up to date.

## INFORMATION CHANGES

Please notify the Park & Recreation Office **IN WRITING** if any of the following changes occur, so that we can update your child's records:

1. Change in phone number(s), home address, work place, doctor, or emergency contact.
2. Change in individuals authorized to pick-up your child.
3. Change in your child's allergies or health status.

## ESSENTIAL PARENT KNOWLEDGE!!

### The Short List

- The Medical History/Personal Information Form **must** be turned in to the Recreation Office at the Field House **at least 48 hours prior to the child attending their first Day of Club KHAOS.**
- Please do not drop off your child before 6:30am. Our Before School Staff needs time to get the program set up. The City of Des Moines Park and Recreation Department will not be responsible for children dropped off before 6:30am.
- Children enrolled in Club KHAOS Before School Program must be signed in every program day by a parent or authorized guardian. We are not responsible for children not signed in by their parent/guardian. Children over the age of 11 may sign in/out with permission slip approved by Parent/Guardian. **Non-compliance with this essential rule will result in expulsion from the program.** To assure the safety of your child, we require individuals to show photo identification when picking up children at the end of the day. Children will only be released to those individuals who have been authorized, in writing, to pick up the child.
- Children may be picked up from the program at any time, but they must be signed out by a parent or authorized guardian. As a courtesy, please make prior arrangements with the Recreation Leader or the Recreation Office if your child will not be attending the program on any specific day (doctor's appointments, etc.) so that the leaders won't worry about their unplanned absence.
- A **late fee** will be assessed for children not picked up by 6:00pm. The charge will be \$1.00 for every minute after 6:00pm (i.e. 5 minutes late = \$5.00 owed).
- **ALL CHILDREN MUST HAVE A COMPLETED EMERGENCY FORM ON FILE** in order to participate in the program! Emergency forms may be obtained at the Field House, 1000 South 220th Street.
- Please note that if your child does not attend one of the host schools (Des Moines, North Hill, Marvista, Midway, Parkside, or Woodmont) and requires transportation, you must contact the School District Transportation Department to make the necessary arrangements prior to them attending the program and be approved by the Recreation Office.
- **Please leave the following items at home!** Cell Phones, Toys, dolls, money, radios, Nintendo DS', Pokemon, Yu-gi-oh, Magic cards, weapons, squirt guns, candy, or ANYTHING disruptive, dangerous, inappropriate, valuable or otherwise banned from the regular school day.

**The City of Des Moines Park and Recreation Department**  
**is not responsible for lost or stolen items.**



# 2016-2017 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely and sign and initial where indicated.** Additional information may be required, including, but not limited to medical treatment, medication administration instructions and authorization, and special field trip permission. If there are any changes in the information on this form, please contact staff immediately to update.

**\*IF GUARDIANS ARE SEPARATED, SEPARATE INFORMATION FORMS MUST BE COMPLETED.**

## PARTICIPANT AND PARENT INFORMATION\*

Child's Name (First & Last)		Age	Birth Date	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		City	Zip	School	Grade
1) Parent/Legal Guardian Name (First & Last)			Signature		
Day Phone	Cell Phone	Evening Phone		Email	
Address (if different than above)		City	Zip		
2) Parent/Legal Guardian Name (First & Last)			Signature		
Day Phone	Cell Phone	Evening Phone		Email	
Address (if different than above)		City	Zip		

## GENERAL AUTHORIZATIONS AND INFORMATION

My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip, by means of walking, public bus, Dept. vehicle, or yellow bus.  YES  NO Initial Here \_\_\_\_\_

My child has permission to participate in swimming and other water activities, including swimming pools, beaches, fountains, and boating facilities.  YES  NO Initial Here \_\_\_\_\_

Swimming Ability:  Non Swimmer  Beginner  Intermediate  Advanced

My child requires a PFD (Personal Floatation Device) while swimming:  YES  NO Initial Here \_\_\_\_\_

My child may be photographed (stills and video) for the City of Des Moines, its Department of Parks, Recreation & Senior Services, or Legacy Foundation publications.  YES  NO Initial Here \_\_\_\_\_

My child has the following medical or behavioral issues of which staff should be aware of: \_\_\_\_\_

I handle these behaviors in the following way(s): \_\_\_\_\_

## PICK UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

### EMERGENCY CONTACTS

Please list all individuals who are authorized to pick up your child. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up. The Parent(s)/Guardian(s) named above will be contacted first in case of emergency (after 911). By authorizing these contacts, I understand that regardless of which one picks up my child, MY account will be charged.

### Initial Here \_\_\_\_\_

1) Contact Name (First & Last)		Email			
Relationship	Day Phone	Cell Phone		Evening Phone	
Address		City	Zip		
2) Contact Name (First & Last)		Email			
Relationship	Day Phone	Cell Phone		Evening Phone	
Address		City	Zip		
3) Contact Name (First & Last)		Email			
Relationship	Day Phone	Cell Phone		Evening Phone	
Address		City	Zip		

**MEDICAL HISTORY AND AUTHORIZATION FORM**

Please **CHECK** all of the following that apply. You may be asked to complete an additional form to provide more information about your child so that we can provide the most positive experience possible. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

Currently Taking Medication at:  Home  School  Program

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A Medical Treatment Authorization form signed by a physician is required for any medication taken or administered while in a City of Des Moines program.

Physician Name (First & Last)	Phone	
Address	City	Zip
Medicine Type	Medicine Dose	

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Des Moines, Its Department of Parks, Recreation & Senior Services, and their officers, employees, and volunteers assume no financial obligation or liability in the case of my child's accident or illness. **I assume full financial responsibility for emergency treatment for my child.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

**ALLERGIES & REACTION**

Allergies	Reaction	Preferred Treatment (see next form for medication)

**PARENTAL/LEGAL GUARDIAN ASSUMPTION OF RISK, WAIVER AND RELEASE**

**EVENT(S):** All programs and activities offered by or through Des Moines Parks, Recreation & Senior Services including but not limited to recreation activities and classes, before/after school program, summer camps, preschool, teen programs, special events, field trips, sports, and athletics.

I (we) am/are the parent(s) or legal guardian of the child who desires to be a participant in the City of Des Moines Parks, Recreation & Senior Services sponsored events. It is important to me (us) that this child is allowed to participate in this activity. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City of Des Moines Parks, Recreation & Senior Services allowing my child to participate in this sponsored activity and/or use of City of Des Moines facilities I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City of Des Moines facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Des Moines, its officials, employees, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described above.

\_\_\_\_\_  
Signature(s) of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name(s) of Parent or Legal Guardian

\_\_\_\_\_  
Date

The Medical History/Personal Information Form **must** be turned in to the Recreation Office at the Field House **at least 48 hours prior to the child attending the first day of the session**

# AUTHORIZATION FOR MEDICATION FORM

Program: \_\_\_\_\_

Date: \_\_\_\_\_

Name of child: \_\_\_\_\_  
LAST FIRST M.I.

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be taken: \_\_\_\_\_

What is the medication for: \_\_\_\_\_

\_\_\_\_\_

Possible side effects: \_\_\_\_\_

\_\_\_\_\_

Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Parent's Name

Parent's Signature

Date

The Medical History/Personal Information Form **must** be turned in to the Recreation Office at the Field House **at least 48 hours prior to the child attending the first day of the session**



# Club KHAOS Before & After School Program Behavior Expectations & Rules of Conduct

- I will respect the Club KHAOS Program Staff, visitors, and other youth.
- I will respect myself and the property of others.
- I will not scream or yell at others.
- I will not join in name-calling, hitting or non-cooperation.
- I will not swear or use profanity.
- I will always be in designated, supervised areas and stay with Club KHAOS Program Staff at all times.
- I understand that the Club KHAOS Before and After School Program has a ZERO TOLERANCE POLICY for fighting, verbal abuse, physical abuse or “play fighting” at any time.
- Club KHAOS Program Staff reserves the right to immediately suspend or expel a participant who is a danger to him/herself or others.
- I will follow all school rules in addition to these rules.

I understand that failure to follow these rules will result in the following:

## CONDUCT PROCEDURES:

These procedures will be followed according to the severity of the incident (some of the steps may be skipped):

- 1) Verbal warning.
- 2) A time out or break from activities.
- 3) Think Time and/or Behavior Form
- 4) Conduct Report\* and/or a phone call to parents.
- 5) 3 Conduct Reports\* within 30 calendar days will result in a three-day, **non-refundable** suspension from the program.\*\*
- 6) 9 Conduct Reports\* within a school year will result in dismissal from the program.\*\*

## \*CONDUCT REPORTS:

Conduct report forms will be filled out by program staff in the event of a behavioral problem on the part of a child. These write-ups include a description of the behavior infraction and discipline actions taken. Forms will be given to parents when they pick up their child and require parents to discuss the infraction with their child and make comments on the form. The child will also write their plan for improvement. Forms are in triplicate and copies will be filed with the parent, Club KHAOS staff, and park and recreation office. Completed forms must be returned when the child is dropped off at camp the following day.

**Participants will not be allowed to attend the program until this completed conduct report form is returned.**

**\*\*Suspensions and expulsions are non-refundable.**

I have read and understand that failure to follow the above Rules of Conduct will result in the above mentioned procedures.

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Printed Name of Participant

Signature of Participant

Date

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Printed Parent/Guardian Name

Signature of Parent/Guardian

Date

The Medical History/Personal Information Form **must** be turned in to the Recreation Office at the Field House **at least 48 hours prior to the child attending the first day of the session**



Des Moines Parks and Recreation Department

**CLUB KHAOS**

**Sign In/Out Permission Slip**

Name of Child: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

**I authorize the above named child to sign him/herself:**

(Circle all that apply)

**IN**

**to before school program**

**OUT**

**of the after school program**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \*Children must be at least 11 years old to sign themselves in or out.

Initials

\_\_\_\_\_ \*\*Account must be paid in full for child to be allowed to sign in and out.

Initials

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Medical History/Personal Information Form **must** be turned in to the Recreation Office at the Field House **at least 48 hours prior to the child attending the first day of the session**



**Des Moines Parks and Recreation Department  
Club KHAOS - Before & After School Program**

**Payment Policy Agreement  
2016-2017 School Year**

**Monthly Participation:** \_\_\_\_\_ **Initials**

**Monthly Participation**

This Discounted Rate is for only those who prepay and use the entire month of the program. Payment for participation in the Des Moines Before & After School Program is due on the **1<sup>st</sup> of each month**. If the 1<sup>st</sup> falls on a holiday or a weekend, payment will be due on the next business day. If payment is not received by the 1<sup>st</sup> your child will not be registered or allowed in the program until the balance is paid in full. In addition, a \$25 late fee will be accessed for any late payments.

**Automatic payments for monthly participation** can be made with a credit card by completing, signing, and returning the "Automatic Payment Form" to the Recreation Office. Your credit card information will be kept on file and we will automatically charge your credit card for your program fee **in full on the 1<sup>st</sup> of the month** or divide your program fee into **two equal payments on the 1<sup>st</sup> and the 15<sup>th</sup> of each month**, whichever works best for you. If your credit card is not approved on either of these payments days, the cost of the program will revert to the Daily Rate and you will not be eligible for the Discounted Monthly Rate. If either of these dates fall on a holiday or a weekend, your credit card will be charged on the next business day.

**Daily Participation:** \_\_\_\_\_ **Initials**

**Daily Rate Participation**

To reserve your child's space as a daily rate participant there is a required \$200 deposit for each month in attendance. Any money remaining at the end of each month can be credited to your account or reimbursed. If your usage exceeds the \$200 deposit, the remaining balance will be owed before continuing attendance plus an additional \$200 deposit. Payment is due **prior to participation with no exceptions**. Children who are not pre-registered and paid for will not be allowed to participate in the program.

**PAYMENT TYPES:** \_\_\_\_\_ **Initials**

**Payments are accepted by cash or check** in person at the Des Moines Field House Recreation Office between the hours of 8:00 a.m. and 6:00 pm. or payments can be mailed to: **Des Moines Parks, Recreation & Senior Services, 1000 South 220<sup>th</sup> St., Des Moines, WA 98198**. Recreation Leaders may not accept payments at the program site. Please note that if a check is returned NSF, a \$40.00 charge will be added to your program fee total, and cash, money order, or credit card will be the only acceptable payment.

**Payments are accepted by credit card or debit card** in person or over the phone at the Des Moines Field House Recreation Office between the hours of 8:00 a.m. and 6:00 pm. **Please note that if your card is declined more than twice for a transaction, cash or money order will be the only acceptable payment and a \$40.00 ISF charge will be added to your program fee.**

**Scholarships** are available for qualifying families on a case by case basis. Please contact the Recreation Office for more information at (206) 870-6527.

**Person Responsible for Account**

Name (First & Last)		Relationship to Child	
Drivers License Number:		Date of Birth:	
Day Phone	Cell Phone	Evening Phone	Employer:
Address		City	Zip

**By signing below I acknowledge that I have read, understand, and agree to comply with the aforementioned policies.**

\_\_\_\_\_  
Child (ren)'s Name(s)

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Des Moines Park & Recreation Department Club KHAOS - Before & After School Program

**AUTOMATIC PAYMENT FORM**

**Please Note:** If parents/guardians are splitting a percentage of the monthly cost of their child's participation fees for the Before & After School Program, **both** will need to complete and submit an individual Automatic Payment Form to the Recreation Office so that each party can be charged accordingly.

I, \_\_\_\_\_ authorize the City of Des Moines Parks & Recreation Department  
 (Payee Name)  
 to charge my \_\_\_\_\_ card for the following:  
 (VISA or MC)

- Registration Fee: \$30R/\$35NR**  
 **Full payment of program(s) selected below on the 1<sup>st</sup> of the month**  
 **50% payment split on the 1<sup>st</sup> of the month & 50% payment split on the 15th of the month**  
 **\$200 Monthly Deposit on the 1<sup>st</sup> – After the first month, this is the usage at the daily rate for the previous month.**

to pay for my child (ren): \_\_\_\_\_  
 Name(s)  
 who attends: \_\_\_\_\_  
 School

**2016-2017 Before & After School Prices – Highline School District**

Please initial next to the appropriate program(s) you would like charged to your credit card.

**Before & After School Program/Per Child**

	<u>w/Out Break Camps</u>	<u>With Break Camps</u>
Sept	_____ \$420/R \$440/NR	No Break camps
Oct	_____ \$400/R \$420/NR	_____ \$440/R \$465/NR
Nov	_____ \$320/R \$340/NR	_____ \$460/R \$495/NR
Dec	_____ \$240/R \$260/NR	_____ \$540/R \$580/NR
Jan	_____ \$400/R \$420/NR	_____ \$480/R \$510/NR
Feb	_____ \$360/R \$380/NR	_____ \$430/R \$455/NR
Mar	_____ \$440/R \$460/NR	_____ \$480/R \$505/NR
April	_____ \$300/R \$320/NR	_____ \$465/R \$495/NR
May	_____ \$420/R \$440/NR	_____ \$490/R \$515/NR
June	_____ \$240/R \$260/NR	No Break camps

**Before School Program/Per Child**

	<u>w/Out Break Camps</u>	<u>With Break Camps</u>
Sept	_____ \$295/R \$315/NR	No Break camps
Oct	_____ \$280/R \$300/NR	_____ \$320/R \$345/NR
Nov	_____ \$225/R \$245/NR	_____ \$365/R \$400/NR
Dec	_____ \$170/R \$190/NR	_____ \$470/R \$510/NR
Jan	_____ \$280/R \$300/NR	_____ \$360/R \$390/NR
Feb	_____ \$255/R \$275/NR	_____ \$325/R \$350/NR
Mar	_____ \$310/R \$330/NR	_____ \$350/R \$375/NR
April	_____ \$210/R \$230/NR	_____ \$375/R \$405/NR
May	_____ \$295/R \$315/NR	_____ \$365/R \$390/NR
June	_____ \$170/R \$190/NR	No Break camps

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**After School Program/Per Child**

	<u>w/Out Break Camps</u>	<u>with Break Camps</u>		<u>w/Out Break Camps</u>	<u>with Break Camps</u>
Sept	_____ \$315/R \$335/NR	No Break camps	Mar	_____ \$330/R \$350/NR	_____ \$370/R \$395/NR
Oct	_____ \$300/R \$320/NR	_____ \$340/R \$365/NR	April	_____ \$225/R \$245/NR	_____ \$390/R \$420/NR
Nov	_____ \$240/R \$260/NR	_____ \$380/R \$415/NR	May	_____ \$315/R \$335/NR	_____ \$385/R \$410/NR
Dec	_____ \$180/R \$200/NR	_____ \$480/R \$520/NR	June	_____ \$180/R \$200/NR	No Break camps
Jan	_____ \$300/R \$320/NR	_____ \$380/R \$410/NR			
Feb	_____ \$270/R \$290/NR	_____ \$340/R \$365/NR			

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVN Number: \_\_\_\_\_ **\*\*\*DO NOT EMAIL OR FAX CREDIT CARD INFORMATION\*\*\***

\_\_\_\_\_  
 Payee's Signature

\_\_\_\_\_  
 Date

**Federal Way School District – See Reverse Side**

\*\*\*Prices are subject to change\*\*\*

Des Moines Park & Recreation Department Club KHAOS - Before & After School Program

**AUTOMATIC PAYMENT FORM**

**Please Note:** If parents/guardians are splitting a percentage of the monthly cost of their child's participation fees for the Before & After School Program, **both** will need to complete and submit an individual Automatic Payment Form to the Recreation Office so that each party can be charged accordingly.

I, \_\_\_\_\_ authorize the City of Des Moines Parks & Recreation Department  
(Payee Name)

to charge my \_\_\_\_\_ card for the following:  
(VISA or MC)

- \_\_\_\_\_ Registration Fee: \$30R/\$35NR
- \_\_\_\_\_ Full payment of program(s) selected below on the 1<sup>st</sup> of the month
- \_\_\_\_\_ 50% payment split on the 1<sup>st</sup> of the month & 50% payment split on the 15<sup>th</sup> of the month
- \_\_\_\_\_ \$200 Monthly Deposit on the 1<sup>st</sup> – After the first month, this is the usage at the daily rate for the previous month.

to pay for my child (ren): \_\_\_\_\_  
Name(s)

Who attends: \_\_\_\_\_  
School

**2016-2017 Before & After School Prices – Federal Way School District**

Please initial next to the appropriate program(s) you would like charged to your credit card.

**Before & After School Program/Per Child**

	<u>W/Out Break Camps</u>	<u>With Break Camps</u>
Sept	_____ \$425/R \$445/NR	No Break camps
Oct	_____ \$470/R \$490/NR	_____ \$510/R \$535/NR
Nov	_____ \$400/R \$420/NR	_____ \$500/R \$530/NR
Dec	_____ \$285/R \$305/NR	_____ \$585/R \$625/NR
Jan	_____ \$450/R \$470/NR	_____ \$570/R \$605/NR
Feb	_____ \$425/R \$445/NR	_____ \$495/R \$520/NR
Mar	_____ \$470/R \$490/NR	_____ \$570/R \$600/NR
April	_____ \$355/R \$375/NR	_____ \$520/R \$550/NR
May	_____ \$515/R \$535/NR	_____ \$585/R \$610/NR
June	_____ \$355/R \$375/NR	No Break camps

**Before School Program/Per Child**

	<u>w/Out Break Camps</u>	<u>With Break Camps</u>
Sept	_____ \$220/R \$240/NR	No Break camps
Oct	_____ \$240/R \$260/NR	_____ \$280/R \$305/NR
Nov	_____ \$205/R \$225/NR	_____ \$305/R \$335/NR
Dec	_____ \$145/R \$165/NR	_____ \$445/R \$485/NR
Jan	_____ \$230/R \$250/NR	_____ \$350/R \$385/NR
Feb	_____ \$220/R \$240/NR	_____ \$290/R \$315/NR
Mar	_____ \$240/R \$260/NR	_____ \$340/R \$370/NR
April	_____ \$180/R \$200/NR	_____ \$345/R \$375/NR
May	_____ \$255/R \$275/NR	_____ \$325/R \$350/NR
June	_____ \$180/R \$200/NR	No Break camps

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**After School Program/Per Child**

	<u>w/Out Break Camps</u>	<u>with Break Camps</u>		<u>w/Out Break Camps</u>	<u>with Break Camps</u>
Sept	_____ \$325/R \$345/NR	No Break camps	Mar	_____ \$360/R \$380/NR	_____ \$460/R \$490/NR
Oct	_____ \$360/R \$380/NR	_____ \$400/R \$425/NR	April	_____ \$270/R \$290/NR	_____ \$435/R \$465/NR
Nov	_____ \$310/R \$330/NR	_____ \$410/R \$440/NR	May	_____ \$410/R \$430/NR	_____ \$480/R \$505/NR
Dec	_____ \$220/R \$240/NR	_____ \$520/R \$560/NR	June	_____ \$270/R \$290/NR	No Break camps
Jan	_____ \$345/R \$365/NR	_____ \$465/R \$500/NR			
Feb	_____ \$325/R \$345/NR	_____ \$395/R \$420/NR			

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVN Number: \_\_\_\_\_ **\*\*\*DO NOT EMAIL OR FAX CREDIT CARD INFORMATION\*\*\***

\_\_\_\_\_  
Payee's Signature

\_\_\_\_\_  
Date

**Highline School District – See Reverse Side**

\*\*\*Prices are subject to change\*\*\*