



**Boulder Valley School District  
Community School Program  
(720) 561-3770  
Fax (720) 561-3761  
<http://www.bvsd.org/kcare>**

K-CARE is an optional fee-based, licensed childcare program offered by BVSD at the school your child is attending Kindergarten.

All K-CARE decisions are contingent upon space availability and enrollment. Families must be enrolled in a school for kindergarten in order to be considered for K-CARE in that building.

IMPORTANT DATES	K-CARE REGISTRATION TIMELINE
Week of January 5, 2009	2009-10 registration forms available at the K-CARE office, school sites and on the K-CARE website. Registration forms will be accepted in the K-CARE office beginning in January.
March 9, 2009	K-CARE office processes received applications. If applications are in excess of slots at a particular site, a lottery will be used to determine placement. Those families who do not get into a class at this time will be placed on a wait list. Parents will be notified in April.
Beginning April 6, 2009	K-CARE registrar mails letters to notify families of K-CARE enrollment status for the 2009-10 school year.
	K-CARE office will be open and accepting registrations for the remaining slots

### To Register:

1. Complete and sign the attached registration form.
2. Attach the **\$50.00 non-refundable** registration fee.
  - Check or money order made payable to BVSD.
  - Your application will not be accepted and will be returned to you if the registration fee is not attached.
3. Return to your school office OR send to the K-CARE Office at 805 Gillaspie Drive  
Boulder, CO 80305

For questions, call the K-CARE Office at (720) 561-3770.

**PLEASE READ CAREFULLY– Please keep this page for your records.**

- K-CARE fees are based on the school year, divided by nine months, from September through May.
- Monthly fee does not vary unless your child's schedule changes.
- K-CARE is in session whenever kindergarten is in session.
- K-CARE is not in session when kindergarten is not in session.
- Fees are due by the fifth of each month.
- After the tenth of each month, a \$25 late fee is automatically assessed.
- **No refunds or credit** for days off, sick days or family vacation days.
- A \$15 charge will be assessed for returned checks or credit card charge denials.
- After two returned checks or two credit card denials, cash or money order is required.
- A minimum of 12 full time equivalent students must be enrolled or a section will be cancelled.
- Payments must be made monthly in a timely fashion or your child will be withdrawn from K-CARE.

**All checks and money orders should be made payable to BVSD and sent to K-Care office at 805 Gillaspie Drive, Boulder, CO 80305-6501.**

### Fee Schedule:

*(Not all schools offer part time. Please check with your school for part time options.)*

Full time: 5 sessions per week	(Monday – Friday or alternate schedule)	\$410 per month
Part time: 3 sessions per week	(Monday, Wednesday, Friday)	\$265 per month
Part time: 2 sessions per week	(Tuesday, Thursday)	\$190 per month

# 2009-10 K-CARE REGISTRATION

## Boulder Valley School District K-CARE

K-CARE is a fee-based, licensed childcare program offered by BVSD.

**BVSD K-CARE**  
805 Gillaspie Drive  
Boulder, CO 80305  
720-561-3770  
Fax 720-561-3761  
<http://www.bvbsd.org/KCARE>



School Name \_\_\_\_\_ Start Date \_\_\_\_\_ (check with school for official start date)

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M F

CHILD'S ADDRESS \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Has your child attended preschool Yes  No  or any other early education program? \_\_\_\_\_

Please tell us anything about your child that might impact his /her ability to participate in or meet the expectations of the K-CARE program. Please include information about health, special education needs, behavioral issues, etc. \_\_\_\_\_

Request for K-CARE Financial Assistance Form.....

### **SCHEDULE (NOT ALL SCHOOLS OFFER PART TIME PROGRAMS. Check with school for their K-CARE Schedule.)**

**Full Time:**  5 - 1/2 day sessions per week(or alternate day schedule)

**Part Time:**  3 - 1/2 day sessions per week (M/W/F or alternate day schedule)

2 - 1/2 day sessions per week (T/Th or alternate day schedule)

### **BILLING INFORMATION: Check Person(s) Responsible for Tuition Payment**

**Parent #1: (Primary contact): Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell** \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Parent location during school hours:  Home  Work Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent #2: Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell** \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Parent location during school hours:  Home  Work Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

A *non-refundable* registration fee for each child must be attached to this registration form. This fee will hold your place in the program. This is a registration fee and does not go towards monthly tuition.

I understand that withdrawing my child for any reason does not entitle me to a return of the registration fee. I have read and understand the policies regarding monthly tuition.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Distribution: White - K-CARE OFFICE, Yellow - K-CARE SPECIALISTS, Pink - PARENT  
Date Received \_\_\_\_\_