

# KOHLER KARE

2022-2023  
SCHOOL YEAR

SEPTEMBER 1, 2022 THROUGH JUNE 8, 2023 • JK THROUGH 5th GRADE

## HOURS + FEES (PER STUDENT)

JK Kohler Kare	11:00 AM - 3:00 PM	\$17.50 per day
After-School Kohler Kare	3:00 PM - 5:30 PM	\$11.00 per day
Non-School Full Day	7:30 AM - 5:00 PM	\$44.00 per day
Non-School Half Day	4 Hours and Under	\$22.00 per day

**ANNUAL FEE:** \$50.00 Annual Fee per Family

**CONTRACTED WEEKLY HOURS:** Will be billed whether children are present or not

**DAILY LATE CHARGES:** \$15.00 per every 15 minutes per child after 5:30 PM

**NO KOHLER KARE:** Labor Day (9/5) • Thanksgiving Break (11/23-11/25) • Winter Break (12/23-12/30) • Spring Break (3/27-3/31) • Good Friday (4/7) • Memorial Day (5/25-29) • Last Day of School (6/8)

\*NOTE: Kohler Kare will be offered on professional development days if there is enough interest to support staffing (9/23, 10/21, 11/18, 1/20, 2/17, 3/24)

## HOT LUNCH + SNACKS

Lunch (Includes milk or juice) + Salad Bar	\$3.35
Milk	\$0.50
Juice Cup	\$0.50
After School Snack (Includes juice box + snack)	\$2.00

**HOT LUNCH + MILK + AFTER SCHOOL SNACK:** Meals and snacks are available for purchase at the school or can be provided from home. (Will be charged to Skyward account and can be paid via eFunds.)

## PAYMENT

- Fees will be loaded into Skyward by the 3rd workday of the following month.
- Payments must be made electronically using eFunds by the 15th of the following month. (Cash/checks will not be accepted.) For eFunds questions, contact **Matt Kautzer** at [kautzerm@kohler.k12.wi.us](mailto:kautzerm@kohler.k12.wi.us)
- Hard copy monthly statements will not be mailed.
- Late fees will be applied to all past due charges over 30 days.
- Accounts >60 days past due must have an approved payment plan for the daycare to continue.

## CONTACT

**GINNA TROWBRIDGE:** 920•803•7250 OR 920•803•7271

**EMAIL:** [trowbridgeg@kohler.k12.wi.us](mailto:trowbridgeg@kohler.k12.wi.us)

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SCHOOL YEAR

## STUDENT REGISTRATION FORM

STUDENT LAST NAME	STUDENT FIRST NAME	GRADE

STREET ADDRESS	CITY & ZIP

### PARENT & GUARDIAN INFORMATION:

PARENT NAME	PHONE NUMBER	PARENT EMAIL
(1)		
(2)		

### EMERGENCY CONTACTS:

NAME		PHONE NUMBER	
NAME		PHONE NUMBER	
NAME		PHONE NUMBER	

### KOHLER KARE DATES + TIMES:

Check the boxes and indicate the days and times you will contract Kohler Kare:

MONDAY	<input type="checkbox"/>	JK KOHLER KARE [11:00 AM - 3:00 PM]	<input type="checkbox"/>	AFTER SCHOOL KOHLER KARE [3:00 PM - 5:30 PM]
TUESDAY	<input type="checkbox"/>	JK KOHLER KARE [11:00 AM - 3:00 PM]	<input type="checkbox"/>	AFTER SCHOOL KOHLER KARE [3:00 PM - 5:30 PM]
WEDNESDAY	<input type="checkbox"/>	JK KOHLER KARE [11:00 AM - 3:00 PM]	<input type="checkbox"/>	AFTER SCHOOL KOHLER KARE [3:00 PM - 5:30 PM]
THURSDAY	<input type="checkbox"/>	JK KOHLER KARE [11:00 AM - 3:00 PM]	<input type="checkbox"/>	AFTER SCHOOL KOHLER KARE [3:00 PM - 5:30 PM]
FRIDAY	<input type="checkbox"/>	JK KOHLER KARE [11:00 AM - 3:00 PM]	<input type="checkbox"/>	AFTER SCHOOL KOHLER KARE [3:00 PM - 5:30 PM]

- I give permission to my child, registered above, to participate in the Kohler Kare School Program.
- I understand that my child's participation is voluntary.
- I understand that I am liable for contracted hours per week of actual Kohler Kare time. This is not a drop-in daycare.
- I also understand that while playing in athletic events my child will be exposed to physical play and that there is always the possibility of injury.
- I agree to hold the Kohler School District and its employees harmless in the event of injury to my child resulting from normal athletic activity during play.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_ [RETURN FORMS TO GINNA TROWBRIDGE](#)