Before and After-School K-5 CatPack
Enrollment Contract 2026-27 SY

MULVANE RECREATION COMMISSION
LIVE YOUR BEST LIFE!

Child's full name: _____ DOB:_____
Address: _____ Grade: K 1 2 3 4 5 Shirt Size: YS YM YL AS AM AL

Parent/Guardian Name:_____ Phone #:_____
Parent/Guardian Address:_____
Parent/Guardian Name:_____ Phone #:_____
Parent/Guardian Address:_____

Emergency Contact Name: _____ Phone #:_____
Emergency Contact Address: _____

Program Desired:
___ AM & PM Care @ $55/week ___ AM Only @ $35/week ___ PM Only @ $45/week

Available Times:
School Days: 6:30am-8:00am(9:00am on Wednesdays) & 3:00pm-6:00pm
All Day Programs: 6:30am-6:00pm

Expected Attendance:

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Drop off					
Pick up					

Terms and Conditions:

1. I understand that I will drop off and pick up my child at the agreed upon times according to this contract.
2. I understand that I will need to notify Cat Pack if my child will be absent for any reason.
3. **I understand that I MUST download the Brightwheel childcare management app.**
4. I understand I need to provide written consent to Cat Pack anytime someone other than myself or authorized persons, will pick up my child. **They will be required to show ID prior to my child being picked up.**
5. I understand that if my child needs to be absent for more than one week, I have the option to terminate the contract or give two full weeks' notice to the Youth Programs Director to keep my child enrolled.
6. **I understand that all tuition payments are DUE BY SUNDAY for the following week of care.** Failure to pay tuition on time may result in disruption of services.
7. I understand that tuition is based on enrollment not attendance.
8. I understand that I need to maintain open communication with Cat Pack regarding any changes in the home that might affect my child's well-being.
9. I understand and agree that the MRC and Cat Pack Program reserve the right to reevaluate fees as necessary and to increase fees at any time with 30 days' notice.
10. I understand that the MRC and Cat Pack program are not responsible for lost, stolen, or damaged items, including any technology (laptops, phones, game consoles, ect.) brought onto the premises.
11. SeeConduct Clause, Model Release, Medical Release, andLiability Release on the back ofthis form.

Parent/Guardian Signature _____ Date: _____
Parent/Guardian Signature _____ Date: _____

CAT Pack Program Responsibilities

1. Cat Pack Programs must maintain a current license from the Kansas Dept. of Health and Environment
2. Cat Pack Programs must be in compliance with KDHE.
3. Cat Pack Programs must provide a safe, caring environment to meet the needs of the children in our care, and to assist them in their individual emotional , social, and intellectual growth.
4. Cat Pack Program will accommodate children's needs concerning allergies and intolerances to the best of our ability.

Cat Pack Representative Signature _____ Date: _____

Both parties reserve the right to terminate this contract without notice if the other party is in substantial violation ofthis contract or the health/safetyof thechild is endangered.
Otherwise, termination for the purpose of unenrollment requires two weeks written notice.

Model/Media Release: The undersigned and participant authorize the MRC to use any photograph(s)/videography taken while participating in any activity at its discretion and wave all claims that the participant or the undersigned or their heirs, executors, administrators, or assign may have or claim to have resulting from such photograph(s)/videography or reproductions thereof.

Release: I acknowledge that by my signature below, the registrant listed above is participating in the MRC programs at his/hers/their own risk. MRC, Mulvane USD 263, City of Mulvane, successors, and assigns shall not be held liable for any accidents, illness, injury, or damage to property. MRC does not provide any medical insurance for participants. Parents/Guardians are responsible for insurance. Parents/Guardians must sign for children under 18 to enter the program. **Registration is not valid without a signature.**

Medical Release: In case of medical emergency, and I cannot be contacted, I give my permission for a MRC representative to act in my place to and to make medical decisions concerning emergency treatment for the participant. I understand that the MRC is not allowed to administer any medication or make any medical diagnosis.

Behavior/Conduct: The undersigned and the participant agree to abide by all the policies and guidelines set forth by the MRC regarding the program, and violations could result in being expelled from the activity or program with no refund. I further agree to follow the Parents' Expected Positive Behavior as outlined in the MRC Cat Pack Handbook.

Parent/GuardianSignature _____ Date: _____
Parent/GuardianSignature _____ Date: _____

Fee Schedule:
Tuition Feesareinvoiced on a weekly basis and are due on Sunday prior to the start of the following week.
AM & PM Care@$55/week
AM ONLY @ $35/week
PM ONLY @ $45/week

Closures:	**All Day Cat Pack Offered:**	**Spring Break: $100/wk.**
Aug 21 - Old Settlers	Oct 15-16	Mar 15-19
Sep 7 - Labor Day	Nov 23-25	
Oct 9 - Staff Development	Dec 21-23	
Nov 26-27 - Thanksgiving	Jan 4 and 18	
Dec 24-Jan 1 - Winter Break	Feb 12 & 15	
May 26 - Last Day of School	Mar 5, 12, & 29	
	Apr 16	

CCL. 358
Rev. 02/2026

Kansas Department of Health and Environment
Curtis State Office Building
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
Email: kdhe.cclr@ks.gov | kdhe.ks.gov/280/Child-Care-Licensing

Child Health History
School Age Programs

In accordance with K.A.R. 28-4-590(d)(1), each school age program operator shall obtain a health history for each child or youth. Each health history shall be maintained in the child's or youth's file on the premises.

Child's First Day in Child Care_____ Name of Child Care Facility_____

Child's Name_____ Date of Birth_____ Gender_____
First Last MM/DD/YYYY M/F

Parent/Guardian Information

Name_____

Home Address_____
Street City Zip Code

Home/Cell Phone Number_____

Work Phone Number_____

E-mail Address_____

Best way to contact_____

Parent/Guardian Information

Name_____

Home Address_____
Street City Zip Code

Home/Cell Phone Number_____

Work Phone Number_____

E-mail Address_____

Best way to contact_____

Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Child's Physician Name & Phone Number_____

Physician Address _____

Hospital Preference (for emergencies):_____

List any allergies or medical conditions of child:

_____

List any non-prescription or prescription medication the child will take during their time at the program:

_____

Provide additional information that will help staff meet the needs of the child (attach additional page if needed):

_____

Parent/Guardian Signature: _____ Date: _____

Child Health History (continued)
Immunizations

Child's Name:_____Date of Birth: _____
First Last MM/DD/YYYY

K.A.R. 28-4-590(d)(2), Each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.
K.A.R. 28-4-590(d)(4) Children or youth who are currently attending or who attended in the preceding school year a public or accredited non-public school in Kansas, Missouri, or Oklahoma shall not be required to provide documentation of current immunizations or exemptions from immunizations.

Do not provide immunization or exemption information if the child or youth is currently attending, or was attending during the previous school year at, a public or accredited non-public school.

Vaccine	Record the date (MM/DD/YY) each dose of vaccine was received				
	1st	2nd	3rd	4th	5th
Diphtheria, Tetanus, Pertussis (DTaP)					
Haemophilus influenzae type b (Hib)					
Hepatitis A (Hep A)					
Hepatitis B (Hep B)					
Measles, Mumps, Rubella (MMR)					
Pneumococcal disease (PCV15, PCV20)					
Poliomyelitis (IPV)					
Varicella (VAR)					
Respiratory syncytial virus (RSV) – Recommended, not required					
Rotavirus (RV) – Recommended, not required					
Influenza – Recommended, not required					

I attest that to the best of my knowledge the immunization information entered is true and correct.

Parent/Guardian Signature: _____ Date: _____

If your child is exempted from the law requiring immunizations, K.S.A. 65-508(g), check either (A) or (B) below and complete as required.

☐ (A) Certification from licensed physician stating that immunization would endanger the child's life. Child is exempt from the following immunizations:

_____DTaP _____Hib ____Hep A ____Hep B ____MMR ____PCV15/PCV20 ____IPV ____VAR

Physician's Signature (required): _____Date: _____

☐ (B) My child is exempt under the law from immunizations. As the parent or legal guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Parent/Guardian Signature: _____ Date: _____

CCL.010
Rev. 07/2024

Curtis State Office Building
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
Email: kdhe.cclr@ks.gov | kdhe.ks.gov/ChildCareLicensing

Kansas Department of Health and Environment

Authorization for Emergency Medical Care

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license	**License #**
Mulvane Recreation Commission	76960-10

I authorize Alison Helms ______ (*caregiver/staff*) who is/are representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth ______ (*child's first and last name*) while child or youth is in the facility's custody between 8/17/2026 (MM/DD/YYYY) and 5/26/2027 (MM/DD/YYYY).

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

______

______

______

Signature of Parent or Guardian	**Date Signed**

- -

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is off premised from the facility.

CCL.034
Rev. 07/2024

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Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
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Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license)			License #
Muvlane Recreation Commission			76960-10
Street Address of the Facility	**City**	**Zip Code**	**County**
632 E. Mulvane St.	Mulvane	KS	Sedgwick

_____may go to the following locations off the premises with adult supervision:
First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
MRC Annex & MGS	411 SE Louis Drive	Mulvane		yes
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Main St. park	Main & 4th Ave.	Mulvane		yes
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Madison Ave. Central Park	722 N. Derby Ave	Derby	yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Exploration Place	300 N. McLean Blvd.	Wichita	yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
High Park	2801 James St.	Derby	yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Sedgwick County Zoo	5555 W. Zoo Blvd.	Wichita	yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Andover 13th St. Sport Park	1008 E. 13th St.	Andover	yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Mulvane Public Library	408 N. 2nd Ave.	Mulvane		Yes
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Derby Plaza Theatres	1300 N. Nelson Dr.	Derby	yes	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Let's Roll Derby	444 S. Baltimore	Derby	yes	
Signature of Parent or Guardian			Date Signed	

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For School Age Children or Youth Only

I hereby authorize my school age child

____ ______________

First and Last Name of Child or Youth **Birth Date MM/DD/YYYY**

To walk/bike to and from the following location(s) without adult supervision:

Place	**Street Address**	**City**	**By Vehicle**	**Walk/Bike**
Signature of Parent or Guardian			**Date Signed**	

Place	**Street Address**	**City**	**By Vehicle**	**Walk/Bike**
Signature of Parent or Guardian			**Date Signed**	

Place	**Street Address**	**City**	**By Vehicle**	**Walk/Bike**
Signature of Parent or Guardian			**Date Signed**	

Place	**Street Address**	**City**	**By Vehicle**	**Walk/Bike**
Signature of Parent or Guardian			**Date Signed**	