

2024-2025 School Year Third Base Enrollment Packet

2024-2025 Third Base Sites

Alban Third Base

Bridgeview Third Base
(also serves Dunbar Primary and Intermediate, Richmond)

Central Third Base
(also serves Andrews Heights, Anne Bailey, Lakewood)

Cross Lanes Third Base

Elk Center Third Base

Flinn Third Base (also serves Sissonville Elementary;
5th graders at Sissonville Middle)

Holz Third Base

Midland Trail (also serves Belle, Chesapeake, Cedar
Grove, Malden and Mary Ingles)

Montrose Third Base

Nitro Third Base

Overbrook Third Base

Pinch Third Base (also serves Clendenin)

Pt. Harmony Third Base

Ruffner Third Base

Ruthlawn Third Base (also serves Alum Creek, Kenna)

Shoals Third Base

Weberwood Third Base



Private Pay Afterschool Care Program

We accept DHHR Assistance (CONNECT/LINK)

Serving Kindergarten through 5th Grade Students in Kanawha County Schools

Return completed enrollment packet to:

Kanawha County Schools Community Education Program

142 Marshall Avenue, Dunbar, WV 25064*

304-766-0378 FAX (304) 766-0389

KCSCEP@mail.kana.k12.wv.us

Website: kcscep.kana.k12.wv.us

*(*Our office is moving to a new location in June 2024. Visit website for updated address.)*

Thank you for choosing Third Base. We look forward to serving your family's afterschool childcare needs.

Things you need to know about Third Base enrollment.

- You must submit a completed enrollment form and be approved before your child(ren) may attend. If we do not have space available, your child/children will be placed on a waiting list. Maximum enrollment is based on the number of staff and the amount of space available at the site, among other factors. WV DHHR requires a minimum of 16:1 ratio of children to adults, but we reserve the right to enroll at a lower ratio if need be for safety or other reasons. We only serve children in Kindergarten through 5th grade.
- The enrollment form must be submitted to the KCSCPE office by mail, email, fax, or in person. If you fax your forms, please call our office to confirm receipt. We are not responsible for failed fax transmissions.
- **Enrollment forms must be submitted each school year**, and are only valid through the end of that school year. Open enrollment begins in April for the following school year. Currently enrolled families have an opportunity to re-enroll by submitting the new enrollment form just prior to open enrollment. Enrollment is taken on a first come, first served basis. Families who wait until August to enroll are more likely to be placed on waiting lists. Enrollment notifications for the beginning of the school year will be made during the summer. It can take up to 5 days to process your request during peak enrollment times.
- Please read all the information carefully and fill out the enrollment forms completely to avoid delay in processing your request. WV DHHR requires that you provide a physical address and telephone number for the parents/guardians and for each person who is listed as an emergency contact or authorized pick up person. They also require that you provide the name of your child's health insurance provider and the policy number. The parent/guardian submitting the enrollment must provide an email address to receive notification of enrollment status.
- You must use the service on a regular basis to keep your space in the program. You cannot enroll to save a space in case you need it. If we find you are not using the service, your child(ren) will be withdrawn. Your enrollment information will remain on file until the end of the school year. If you wish to return to the program, please contact the office to see if space is available. If not, you will be placed on the waiting list.
- We are not required to follow KCS IEPs or 504s; however, we do make as many modifications or accommodations as possible to make sure all children succeed in our program. We are not able to provide one-on-one care. We are staffed at 1 adult for every 16 children.
- We charge a \$10/family registration fee annually. The fee is due on the first day of attendance and applies to all account types. CONNECT/LINK does not pay for this fee.
- The Family Handbook provides more information about our policies and procedures. You can download the handbook from our website (kcscep.kana.k12.wv.us). A hard copy can be requested from our office or your site director.

Things you need to know about Payment Procedures

- Payment is always due on the first day of attendance each week for both Private Pay and CONNECT/LINK accounts. You will pay the site director at time of pick up. If the fee or copay is not paid on the first day, a \$5 late fee is added each day, even if your child is absent on subsequent days that week, until the account is paid in full. The maximum late payment fees for a week are \$20. CONNECT/LINK does not cover late payment fees, and nonpayment of copays will be reported to the agency.
- If your account has a balance due at the end of the week, your child will not be permitted to return to the program until the balance is paid in full. We will notify the school office that your child cannot attend until further notice. If your account is unpaid after 30 days, we will withdraw you from the program.
- We accept check, cash, money order, as well as debit/credit cards. We also offer automatic payments through Procure Tuition Express, with options to have it auto draft from your checking account or auto bill your debit/credit card weekly. If you pay by cash, we do not make change, so any overpayment will be applied as a credit on your account. If you already have Tuition Express set up with us, it will remain active, unless you contact us to discontinue. Please remember to update your TE payment information whenever you have a change to your checking account or bank card.
- If you have CONNECT/LINK, we must have a copy of your certificate or a notice of coverage before your child starts, unless you opt to start as Private Pay until your coverage is confirmed. The certificate must list the specific KCSCPE site as the provider and cover the first day of attendance. If we receive a notice from CONNECT or LINK saying you have become ineligible, your child will not be able to attend past the date of eligibility unless you pay the private pay rate or we receive a notice saying your coverage has been reinstated. You must sign time sheets confirming your child's attendance so that we may bill CONNECT or LINK. If CONNECT or LINK deny payment or you become ineligible, you will be charged the private pay rate for any week not covered.
- For Private Pay, the fee is weekly. There are no daily rates. You pay for the full week, regardless of how many days your child(ren) attends that week. If your child is out for a full week, there is no charge. The only time weekly rates are prorated is when our program is closed for more than 1 day during a week. See the Family Handbook for more information.

Third Base Fees

Registration: \$10/family annually for all accounts; CONNECT/LINK does not cover these fees. Due first day of attendance.

Weekly Private Pay: \$70/1 child; \$100/2 children; \$125/3 children. Due first day of attendance each week.

CONNECT/LINK Copay: These fees are billed at the end of the week and are due on the following Monday (or the first day of attendance that week).

Late Payment Fee: \$5 per day if not paid the first day your weekly fee or copay is due. Must be paid by the end of the week, along with your past due amount. CONNECT/LINK does not cover these fees.

Late Pick Up Fee: \$1 per minute after 5:40 p.m., not to exceed \$75. Due at time of pick up. Traffic incidents and medical/family emergencies will be considered. CONNECT/LINK does not cover these fees.

Returned Check/Tuition Express Payment Fee: \$25; returned check/TE payment amount and fee must be paid in cash. Your child(ren) may not attend until this is paid. A second return payment will result in CASH ONLY payments for your account. Returned checks 30 days past due will be taken to magistrate court. CONNECT/LINK does not cover these fees.

NOTICE OF NONDISCRIMINATION

Applicants for admission and employment, students, parents, employees, and sources of referral of applicants for admission and employment are hereby notified that the Kanawha County School District does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning the Kanawha County School District's compliance with the regulations implementing Title IX or Section 504 is directed to contact: Title IX: Title IX Coordinator, Kanawha County Board of Education, 200 Elizabeth Street, Charleston, WV 25311-2119, phone 348-1379; Section 504: Section 504 Coordinator, Kanawha County Board of Education, 200 Elizabeth Street, Charleston, WV 25311-2119, phone 348-1366. These persons have been designated by the Kanawha County School District to coordinate the efforts to comply with the regulations implementing Title IX and Section 504.

Kanawha County Schools Community Education Program

2024-2025 Child Care Family Registration Form

Program Site Name: _____ (see list on cover page) **Date you wish to start:** _____
Did your child(ren) attend this program in the 2023-2024 school year? Yes No
If no, have you enrolled a child in a KCSCEP childcare program before? No Yes If yes, which site(s)? _____

Information About Child or Children You Are Enrolling

Child #1: First Name: _____ Middle: _____ Last Name: _____
Name Child Prefers to be called: _____ Grade 2024-2025 school year: _____ Age: _____
Date of Birth: _____ Gender: Male Female
Name of Child's School: _____
Allergies (if none, write "none"): _____
List any medical conditions, medications, and/or special attention your child may require (if none, write "none"):

You must list your child's health insurance provider and policy number for enrollment to be processed.

Health Insurance Provider: _____ Policy Number: _____
Physician Name: _____ Phone: _____
Physician Address: _____
Dentist Name: _____ Phone: _____
Dentist Address: _____

Child #2: First Name: _____ Middle: _____ Last Name: _____
Name Child Prefers to be called: _____ Grade 2024-2025 school year: _____ Age: _____
Date of Birth: _____ Gender: Male Female
Name of Child's School: _____
Allergies (if none, write "none"): _____
List any medical conditions, medications, and/or special attention your child may require (if none, write "none"):

You must list your child's health insurance provider and policy number for enrollment to be processed.

Health Insurance Provider: _____ Policy Number: _____
Physician Name: _____ Phone: _____
Physician Address: _____
Dentist Name: _____ Phone: _____
Dentist Address: _____

Child #3: First Name: _____ Middle: _____ Last Name: _____
Name Child Prefers to be called: _____ Grade 2024-2025 school year: _____ Age: _____
Date of Birth: _____ Gender: Male Female
Name of Child's School: _____
Allergies (if none, write "none"): _____
List any medical conditions, medications, and/or special attention your child may require (if none, write "none"):

You must list your child's health insurance provider and policy number for enrollment to be processed.

Health Insurance Provider: _____ Policy Number: _____
Physician Name: _____ Phone: _____
Physician Address: _____
Dentist Name: _____ Phone: _____
Dentist Address: _____

OFFICE USE ONLY

Date received _____ Processed By: _____ Parent notified: _____ Director notified: _____ Enrolled: _____ Wait List: _____

Information about the Legal Parents/Guardians

This section is to be completed about the **LEGAL** mother, father, or guardians of the child(ren) and serves as the emergency contact/authorized pick up information. **You must provide the name, physical address (no PO Boxes) and a telephone number for each parent/guardian** in order for your enrollment to be accepted. Copies of all legal documents pertaining to custody, restraining orders, etc. must be on file with the Site Director. (All documents may be reviewed by the KCS legal department at any time.)

Legal Parent/Guardian 1: Mother Father Guardian/Foster Parent - Relationship to Child: _____

First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Occupation/Employer: _____ Work Address: _____

Home Landline Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____ send enrollment notifications and other messages to this email address

Driver's License or State ID #: _____

Mark all that apply:

This parent is a payer on this account. Child lives with this parent/guardian This parent is limited in or not authorized to pick up, see court papers.

Legal Parent/Guardian 2: Mother Father Guardian/Foster Parent - Relationship to Child: _____

First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Occupation/Employer: _____ Work Address: _____

Home Landline Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____ send enrollment notifications and other messages to this email address

Driver's License or State ID #: _____

Mark all that apply:

This parent is a payer on this account. Child lives with this parent/guardian This parent is limited in or not authorized to pick up, see court papers.

Information about Account Responsibility

Please mark payment account type: Private Pay WV DHHR (ex: CONNECT/LINK)

Parents/guardians are responsible for the account unless otherwise noted. If you are receiving assistance from WV DHHR, you must have proof of coverage before starting the program unless you wish to start as private pay until coverage is in place. Parents/guardians are responsible for payment of weekly fees or copays.

2024-2025 Handbook Acceptance: I have reviewed the Family Handbook (hard copy or online). I understand that I, along with my child's other parent/guardian if applicable, am responsible for reading and following the information contained in this handbook.

I agree to follow all KCSCEP policies, procedures and requirements. (Enrollment indicates acceptance).

Parent/Guardian Signature : _____ Date: _____

Photography/Video and Sound Recording

If you **do not** wish your child(ren) to be photographed or be recorded by video and/or audio devices, please initial below. Photographs and audiovisual recordings are used for security purposes and/or for KCS publications/website to inform parents about our activities. By not initialing, you are giving permission for them to be photographed and/or audio/video taped.

I do not want my child(ren) to be photographed. Initials _____

I do not want my child(ren) to be recorded by video and/or audio devices. Initials _____

Emergencies/First Aid

KCSCEP staff has permission to administer first aid and/or transport my child in the event of an emergency.

SIGNATURE OF PARENT/GUARDIAN

DATE

Information About Additional Emergency Contacts & Authorized Pick Up Persons

WV DHHR requires that you provide a physical address (no P.O. boxes) and a phone number for each person listed as an emergency contact or someone authorized to pick up your child. The enrollment will not be processed without this information. Pick up persons must present photo ID.

Please list at least one person who can be contacted to pick up your child in the event of an emergency or illness if the parents/guardians cannot be reached. If someone not listed on this form is coming to pick up your child, please send a note or call the site director to give permission. You can add or delete contacts/pick up persons anytime during the school year.

Contact/Pickup #1 First Name: _____ MI: _____ Last Name: _____

Physical Address (Street, City, State Zip): _____

Occupation/Employer: _____ Email: _____

Home Landline Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____

Please mark all that apply. This person will not be authorized unless you check the box.

- Emergency Contact
- Authorized to pick up the following children: _____

Contact/Pickup #2 First Name: _____ MI: _____ Last Name: _____

Physical Address (Street, City, State Zip): _____

Occupation/Employer: _____ Email: _____

Home Landline Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____

Please mark all that apply. This person will not be authorized unless you check the box.

- Emergency Contact
- Authorized to pick up the following children: _____

Contact/Pickup #3 First Name: _____ MI: _____ Last Name: _____

Physical Address (Street, City, State Zip): _____

Occupation/Employer: _____ Email: _____

Home Landline Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____

Please mark all that apply. This person will not be authorized unless you check the box.

- Emergency Contact
- Authorized to pick up the following children: _____

Contact/Pickup #4 First Name: _____ MI: _____ Last Name: _____

Physical Address (Street, City, State Zip): _____

Occupation/Employer: _____ Email: _____

Home Landline Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____

Please mark all that apply. This person will not be authorized unless you check the box.

- Emergency Contact
- Authorized to pick up the following children: _____

For 2024-2025 School Year

**APPENDIX B KANAWHA COUNTY SCHOOLS
INTERNET & TELECOMMUNICATIONS ACCESS ACCEPTABLE USE AGREEMENT
FOR ELEMENTARY STUDENTS**

USE OF TECHNOLOGY RESOURCES WITHIN KANAWHA COUNTY SCHOOLS IS A PRIVILEGE, NOT A RIGHT.

USER RESPONSIBILITIES

I understand my responsibility for using the Internet and other online resources; therefore,

- I will only use the computer/iPad as directed by my teacher;
- I will only use the computer when an adult is in the room;
- I will only use good manners when using the computer/iPad;
- I will not give out any personal information about myself or others, such as my name, address, telephone number, or age while on the computer;
- I understand that all passwords are to be kept secret;
- I will not log on to a computer/iPad using another person's username or password;
- I will not bypass or attempt to bypass any school, county or state filtering system;
- I will not post or send information to harass or bully another person;
- I will only use the school-provided email account while at school;
- I will only use school-sponsored blogs, wikis, web 2.0+ tools, social networking sites and online groups as part of any educational activity;
- I will only use appropriate Internet sites as directed by my teacher;
- I will tell my teacher or other adult if I accidentally access an inappropriate site;

I understand that I must adhere to the mandates of West Virginia's Board of Education Policy

2460 - Educational Purpose and Acceptable Use of Electronic Resources, Technologies and the Internet.

- I cannot use the Internet in school until I have completed the Acceptable Use Training, and my parents (or guardian) and I have signed and returned the KCS Acceptable Use form.
- NOTE: A complete copy of Policy 2460 may be obtained from <http://wvde.state.wv.us/policies/>

I understand my responsibility for using software legally; therefore,

- I will not give, lend, sell or copy any software found on school computers or the Internet, unless I have printed permission from the copyright owner;
- I will not install any software on school computers/iPads without teacher permission;
- I will not install or add any device to a school computer or network;

I understand the importance of using both print and non-print information in a lawful manner; therefore,

- I will not copy information received in any form and say that it is my own work;
- I will accurately cite all sources of information;

I understand that the use of computer networks is a privilege, not a right;

therefore,

- I will follow the school's computer use rules
- I will not attempt to bypass system security or change settings without teacher permission;
- I will not bypass or attempt to bypass any school, county or state filtering system;
- I will not tamper with the network or computers/iPads;
- I will not damage or destroy any technology equipment;
- I will not go into anyone else's files or use anyone else's password;
- I will not download or listen to music from the Internet unless directed to do so by the teacher;
- I will not use any non-school email address while at school
- I will not play any non-educational game on a school computer

Providing false or misleading information when applying for computer access, or violating any of the above rules, will cancel my user privileges and may result in further disciplinary action, including reimbursement for damage and computer recovery costs, suspension and/or expulsion from school.

School Name: (Third Base Site Name): _____

Student: I have read or had read to me and consent to the rule and responsibilities listed above. I have never had my computer privileges restricted or revoked by any other school.

Student WVEIS number: not required

Student Names (Please print): _____ (list all children)

Student Signature: not required

Date: ____/____/____ Grade(s): _____

Parent or Guardian: I have read and discussed this form with my child. I understand that it is the responsibility of my child to restrict his/her use to the classroom projects assigned. I accept full responsibility for supervision if and when my child is using computers in a setting other than school. I also understand that the teacher cannot be held responsible for intentional infractions of the above rules by my child.

____ I give permission for my child to access the Internet in school.

____ I do not give permission for my child to access the Internet in school.

____ I give permission for my child to access the Internet in school ONLY FOR Testing Purposes

SCHOOL INTERNET WEB SITE STUDENT INFORMATION

I hereby give permission to **use the following information** on the school and/or district web sites (**initial all that you approve**):

____ Student's first name

____ Student's last name

____ Student's photo

____ Student in group photo

Parent / Guardian's Name: (Please print): _____

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

****Optional -Parent Email:** _____

(will not be shared with 3rd parties without permission)

*****NOTE:** This form will be kept on file in the school listed above. It will not be transferred to another school.

Enrollment in Tuition Express is optional. If you are already enrolled in Tuition Express, you do not have to complete this page unless your account information has changed. Signature is required.



*Automated Payment Processing
Safe – Convenient – Easy*

Tuition Express Enrollment Form

We are excited to offer the safety, convenience and ease of Tuition Express® — a processing system that allows secure tuition and fee payments to be made either from your bank account or credit card. Please print in the form below and sign where indicated.

KCSCEP SITE NAME: _____ CHILD(REN) NAME: _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT & CREDIT CARD

I/we hereby authorize Kanawha County Schools Community Education Program (KCSCEP) to initiate credit card charges to the below referenced account (Section A) **OR**, initiate debit entries to my/our checking account indicated below (Section B). To properly affect the cancellation of this agreement, I/we are required to give 10 days written notice. Check with the Center for accepted credit card types. ****Special note to credit union members — Please contact your Credit Union to verify account and routing numbers for automatic payment.**

COMPLETE ONE SECTION ONLY

Section A (Credit Card)

Cardholder Name	Phone Number	Email Address	
Cardholder Address	City	State	ZIP
Account Number	Expiration Date		
Cardholder Signature	Date		

Section B (Bank Account)

Your Name (Name on the checking account)	Phone Number	Email Address		
Address	City	State	ZIP	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	ZIP
Routing Transit Number (see sample below)	Checking Account Number (see sample below)			

Attach a voided check or other bank documentation with your form.

Each week your child/children attends, your account will be billed and the payment processed.

Signature _____ Date _____

A \$25 fee will be charged for any items returned by your bank or credit card company.

FOR OFFICIAL USE ONLY

Date Received: _____

Verification/Employee Signature: _____

