

Remote Learning & Enrichment 2021



For school-aged children in grades K-8

REMOTE LEARNING SUPPORT: Pay-by-the-Day option

- For grades K-8
- 7:45am – 4pm; (Pay-by-the-day options)
- January 11 - 29
- Schoolwork: During the school hours (7:45 – 3pm) students will be in small group sizes and will work within the remote learning curricula provided by your child's school.
- Afternoons: Children will take part in enrichment activities (3pm – 4pm) They will play games, explore the outdoors, and take part in science, art, and engineering enrichment programming to support learning and social/emotional development.
- Snacks and Lunch: Participants will need to bring two snacks, a packed lunch, and a water bottle each day.
- All students in grades Kindergarten and up are required to wear masks.*
- Pay-by-the-day options:
\$45/day members, \$50/day non-members; \$42/day for additional siblings



After-Care Program

In addition to the day, Remote Learning families may opt to add on after-care:

- 4 – 5:30pm
- January 11 – 29
- The After-Care program is solely dedicated as extended care for Remote Learning participants and will provide children with time to play games and explore the museum.
- All students in grades Kindergarten and up are required to wear masks.*
- After - Care fee: \$5 per day



Remote Learning Support: Pay-by-the-day rates are:
\$45/day members; \$50/day non-members;
\$42/day additional siblings.

After-Care rates are: \$5/day

Return to: Kaleideum/Christy Ferguson
400 W Hanes Mill Rd
Winston-Salem, NC 27105
(336) 767-6730
www.kaleideum.org

REMOTE LEARNING DATES ... Circle desired days below ...

JANUARY 2021						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

www.a-printable-calendar.com

Child's Name: _____ Grade/Age: _____ School: _____

Parent/Guardian's Name: _____

Address: _____ City: _____

Zip: _____ Phone: () - _____ Email: _____

Are you a Kaleideum Member? No Yes, Expiration: ____/____/____

Program Fee: Kaleideum Member: \$45 x ____ (# of days) = \$ ____

Sibling: \$42 x ____ (# of days) = \$ ____

Non-Member: \$50 x ____ (# of days) = \$ ____

After-care \$5 x ____ (# of days) = \$ ____

TOTAL = \$ ____

Payment Information

Cash Check (to Kaleideum) Visa MasterCard AmEx Discover

Name on card: _____ Card number: _____

Expiration: ____ / ____ CVC: _____

Emergency Contact and Medical Information: _____

Emergency Contact Name (if parents can't be reached): _____

Relationship to child: _____ Phone: () - _____

Medical Conditions or Allergies: _____

Medical and Photography Authorization

I authorize a Kaleideum representative to seek appropriate medical attention for my child, including the right to authorize medical care in my absence. I understand that I am financially responsible for all medical treatment. I also understand that my child may be photographed and that these photos may be used by Kaleideum for promotional purposes. If I do not want my child to be photographed, I will include a written request with this form. **Parent/Guardian Signature:** _____

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