Remote Learning Support: Pay-by-the-Day option

- For grades K-8
- 7:45am – 4pm; (Pay-by-the-day options)
- February 1 – 26 *(Last week begins Wednesday only options)*
- 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
- February 1 – 26

- 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
Registration Form: (Please use a separate form for each child).

Child’s Name: ____________________________________________ Grade/Age: __________ School: ______________________

Parent/Guardian’s Name: ____________________________________________________________ City: ____________________________

Address: _________________________________________________________________________ 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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