March 2021

It’s hard to believe that it has been a year dealing with the roller coaster of COVID-19. While the situation is improving daily, summer 2021 will still be impacted by the pandemic. We will likely still be following decision tree guidance from MDH, having children in “pods” due to contact tracing, masking, and avoiding field trips. While summer may not return to the way it was pre-COVID, KidVentures is still committed to providing the highest quality school-age care where kids can participate in a variety of hands-on activities and most importantly, have fun.

KidVentures registration will open March 15th, 2021 and we will accept registrations through April 15th, 2021. After April 15th, we will accept registrations based on staff and space availability. To register, please fill out the attached forms. Families must be up-to-date with their Ventures account to register. You can turn registrations in by:

1. Dropping them off at KidVentures during pick-up/drop-off.
2. Dropping them off at the Northfield Community Education Center (700 Lincoln Parkway). The Community Education Office is open from 8:00 am-4:30 pm, but there is also a drop box just outside the front door where registrations can be turned in.
3. Scan and email them back to Breezy (BBarrett@northfieldschools.org) AND Mary (MHansen@northfieldschools.org). You will receive confirmation of receipt.

If you have questions, please email Breezy at BBarrett@northfieldschools.org or call 507-645-1245.

Important Summer Information:

- KidVentures will run 6:30 am-6:00 pm, M-F and will be located at Sibley Elementary (name change to Spring Creek on 7.1.21)
- The program will run from Tuesday, June 15th-Friday, August 27th. We will be closed Monday, July 5th.
- At this time, Nutrition Services is uncertain of whether they will be able to provide hot lunches to KV students. We will update registered families as soon as we have more information about lunch.

<table>
<thead>
<tr>
<th>KidVentures Weekly Summer Themes</th>
<th>KidVentures Phone Number at SB:</th>
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<tbody>
<tr>
<td>June 15-18 Coastal Craze</td>
<td>507-649-3593</td>
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<tr>
<td>June 21-25 Color Me Happy</td>
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<tr>
<td>June 28-July 2 All American Road Trip</td>
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<tr>
<td>July 6-9 Journey to the Center of the Earth</td>
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<td>July 12-16 Mysteries at the Museum</td>
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<td>July 19-23 H-2-Whoa!</td>
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<tr>
<td>July 26-30 Go for the Gold</td>
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<tr>
<td>Aug. 2-6 What’s Beyond the Moon</td>
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<tr>
<td>Aug. 9-13 Animal Super-powers</td>
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<tr>
<td>Aug. 16-20 Land of the Giants</td>
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<tr>
<td>Aug. 23-27 The Last Hurrah</td>
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Contact Information:

Site Leaders:

Aimee Gerdesmeier (SB)  
AGerdesmeier@northfieldschools.org

Tonya Skluzacek (Merritt) (BW)  
TMerritt@northfieldschools.org

Lacey Neuman Bissonnette (GVP)  
LNeumanbissonnette@northfieldschools.org

Ventures Coordinator:  
Breezy Barrett  
BBarrett@northfieldschools.org

Ventures Administrative Assistant:  
Mary Hansen  
MHansen@northfieldschools.org

Important Summer Information:

- On Wednesdays, children entering 4th grade and up may bring a bike and helmet. They will have the opportunity to get offsite and enjoy a little biking. Gear up for Wheels on Wednesday!
- Due to COVID, walking trips to the Northfield Pool may or may not happen, depending on summer guidance. KV still plans on having plenty of water fun, though, as we will have our own Water Fun Fridays! Each Friday, please make sure that your child has a swimsuit, towel, and shoes that can get wet.
KidVentures Summer 2021 Registration

*One form per child, please
*$30 Registration fee if submitting registration between 3.15.21-3.31.21. Registration fee increases to $40 on 4.1.21. Registration fees are non-refundable. Checks should be made to KidVentures.
*For those that are willing and able, we are asking for a donation of two spray sunscreens per child. The spray sunscreens should be Coppertone Kids or Target Brand. Thank you!

Participant Name:_______________________________________ DOB:_______ Grade ('21-'22) _____ M or F
Address:________________________________________________ City:________________________
Parent/Guardian Name (1):________________________ Email:________________________
Home Phone:______________ Cell Phone:______________ Work Phone:______________
Parent/Guardian Name (2):________________________ Email:________________________
Home Phone:______________ Cell Phone:______________ Work Phone:______________

PLUS Program:

As of 3.1.21, the details of the PLUS program are to be determined. Once details for PLUS are finalized, families wishing to send their child to PLUS and attend KV will need to fill out a separate form.

*Community Education reserves the right to cancel this program if necessary and/or close due to health concerns*

*Registration opens on March 15th, and we will accept registrations through April 15th. After April 15th, we will accept registrations based on space and staff availability.

Please check which option you would like to enroll.
_____ 5 Days/Wk ($44/Day)       _____4 Days/Wk ($46/Day)        _____ 3 Days/Wk (M/W/F) ($49/Day)       _____ 2 Days/Wk (T/Th) ($51/Day)

Circle Days M  T  W  Th  F

_____Variable Schedule (please circle days below– minimum of 20 days) ($55/Day)

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KidVentures 2021 Summer Rates

5 Days/Wk- $44/Day
4 Days/Wk- $46/Day
3 Days/Wk (M/W/F)- $49/Day
2 Days/Wk (T/Th)- $51/Day
Variable (minimum of 20 days for the summer)- $55/Day

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Office Use ONLY:
Date Received:____________
Staff Initials:__________
5 4 3 2 V
20 Day Minimum if Variable? Y or N
Outstanding bill? Y or N
KidVentures Summer 2021

Emergency Information

Child’s Name: ___________________________________________ Grade: (‘21-'22 School Yr) __________

Birthdate:_______________________ School for (‘21-'22 School Yr): _____________________________

My child attended a Northfield Public School during the 2020-2021 school year? Y    N

*If your child did not attend a Northfield Public School during the 2020-2021 school year, you MUST provide a copy of their immunization record prior to your child attending KV.

Hospital Preference: __________________________ Insurance Carrier:____________________________

<table>
<thead>
<tr>
<th>Parent/Guardian 1</th>
<th>Name</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian 2</td>
<td>Name</td>
<td>Relationship</td>
<td>Phone Number 1</td>
<td>Phone Number 2</td>
</tr>
</tbody>
</table>

Emergency contact persons will only be contacted in the case that parents/guardians cannot be reached. Emergency contacts also serve as authorized pick-ups.

Name of person(s) NOT authorized to pick-up. (Cannot include a parent unless there is a court order on file. KV must have a hard copy of this court order.)

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Is there a court order regarding the above person? _____ Yes    _____ No

Please list any conditions that may result in a medical emergency (Ex. Asthma, food allergy, other allergic reactions, diabetes, seizures, etc.): ____________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________
Child's Name: _____________________________  School ('21-'22 SY): _____________________  Grade ('21-'22 SY): ____________

Does your child have any of the following health concerns (Please indicate by circling):

- No Concerns
- Seizures
- Shunt
- Heart Problems
- ADD/ADHD
- Autism Spectrum
- Bee Sting Reactions
- Hay Fever
- Allergies
- Bloody Noses
- Diabetes
- Dizzy/Fainting Spells
- Constipation
- Frequent Sore Throat
- Bladder/Bowel Problems
- Anxiety
- Asthma (See below)

Please describe in more detail anything circled above (types of allergies, specific triggers, symptoms, treatment, if medical bracelet is needed, special care instructions, etc.):
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Any other Special Need? __________________________________________________________
________________________________________________________________________________________________________

Does your child require an Epi Pen  Y  or  N  Reason for Epi Pen: ______________________________________________

Will your child have an Epi Pen at the KidVentures summer program?  Y  or  N  (*Ventures does not have stock Epi–Pens nor any access to medications kept with the school nurse)

My child has an IEP  Y  or  N

*Ventures is not designed to provide long term 1:1 assistance for children. If a child received 1:1 student support in the classroom or has a behavior plan developed, Ventures must have a meeting with the family prior to the start date in order to determine the appropriate level of support needed. Information regarding a student’s needs will not be used to prohibit a child’s enrollment in Ventures, unless it is determined they will need significant assistance beyond our program capabilities.

Asthma or Other Breathing Problems:
Has your child ever been diagnosed by a doctor as having asthma?  Yes  No

Does your child have an inhaler?  Yes  No  Will your child have an inhaler at KidVentures?  Yes  No

Has your child had episodes of wheezing in the last 12 months?  Yes  No

Diet: Does your child have any special dietary restrictions/considerations:  Yes  No

Please Describe: __________________________________________________________________________________________

Vision: No Vision Problems  Glasses/Contacts Prescribed  Other

Please Describe: __________________________________________________________________________________________

Hearing: No Hearing Problems  Frequent Ear Infections: Yes  No  Hearing Aids: None  Right Ear  Left Ear

Hearing Loss: Right Ear  Left Ear  Ear Tubes: Yes  No

Medications: Please refer to the Ventures Medication Permission form for procedures regarding the administration of medication. List all medications your child is taking and specify which are needed at KidVentures.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Purpose</th>
<th>Dose</th>
<th>Time/How Often</th>
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Does your child have any health problems that may result in emergency?  Yes  No  Describe: ________________________________

Has your child had surgery in the last year?  Yes  No  Describe/Restrictions: ____________________________________________

Is there anything else we should be aware of?  ________________________________________________________________

All information is complete to the best of my knowledge:

Parent/Guardian Signature: ____________________________________________________________  Date: ________________
KidVentures Summer 2021 Authorizations

Child’s Name: ____________________________________________________________

Please initial all permission statements to which you agree:

_______ Walking Trips/Field Trips: I give permission and authorize my child to participate in Ventures walking trips and field trips. I agree that Ventures staff involved in the walking/field trips are not liable or responsible for any accidents or injuries which may occur in the absence of negligence by the Ventures staff. In the event of an emergency situation, I authorize the staff to follow Ventures emergency procedures. I further acknowledge and agree that in the event of a non-emergency situation, such as sickness, minor injury, or behavioral issue, I will make arrangements to transport my child from the field trip site at the request of Ventures staff. In the event that there are behavioral issues on a field trip, the child’s family may be contacted to pick up their child immediately from the field trip location. Behavior issues while on field trips may result in suspension from the next field trip or all remaining trips.

_______ Publicity: The Northfield Public Schools Community Education often takes pictures of activities to use in brochures, Ventures scrapbooks/slideshows, and on the web, including social media (the Community Education Facebook page). Children’s names are NOT used. I give permission for my child to be photographed and for the photos to be used in Northfield Public School’s publications.

_______ Movies: I give permission for my child to view “PG” movies, content to be previewed by staff.

_______ Sunscreen: I give permission for Ventures staff to apply sunscreen throughout the summer as needed. KidVentures uses Coppertone spray, Target brand spray, and/or Target Brand Lotion. Lotion is always used for sun screening faces. I understand that if my child is sensitive/allergic to these sunscreens, I must provide sunscreen with my child’s name clearly labeled and that I am responsible for making sure my child has enough sunscreen throughout the summer. Under supervision, children will be responsible for applying all sunscreen lotion.

**Ventures is asking that all families that are willing and able to please donate two SPF50 spray sunscreens to the KidVentures Summer Program. Spray sunscreen must be Coppertone Kids or Target Brand. The spray sunscreen tends to be much quicker and more efficient when sun screening a large group of kids, however, it can be a large expense on our program. Any donations of spray sunscreen would be VERY much appreciated.

_______ Bug Spray: I give permission for Ventures staff to apply bug spray throughout the summer as needed.

_______ Hand Sanitizer: I give permission for my child to use hand sanitizer.
KidVentures Summer 2021 Behavior Contract

I/We understand that my child will be expected to abide by Northfield Public School’s expectations for appropriate student conduct at all times as stated in the Student Citizenship Handbook and Ventures Parent Handbook. In order to ensure the health and safety of my child in attendance at Ventures, we understand that certain rules must apply to ALL children in the Ventures program. The rules are as follows:

1. Keep hands, feet, and objects to yourself.
2. Follow directions and be respectful of the person(s) in charge as well as your peers.
3. Use appropriate language.
4. Respect other people and property.

If a violation of the rules stated above occurs, the Ventures Coordinator and Site Leaders will work with the parent and child to develop a plan that addresses the behavior.

I/We understand that if my child exhibits any of the following behaviors, it may result in my child being suspended or expelled from the Ventures program.

1. A behavior that takes away any person’s right to feel and be safe.
2. A behavior that keeps any staff person from fulfilling their job requirements to be available for all children because of constant interference of a child.
3. A behavior that includes inappropriate touching of a person’s body, and/or using inappropriate sexual language and/or actions.
4. Any behavior involving purposeful destruction or theft of property.
5. Blatant disrespect or absolute refusal to follow directions of those in charge.

I/We have read and discussed the Ventures behavior contract. I/We understand the behavior contract’s expectations and implications.

Parent/Guardian Signature: _____________________________________________ Date: ___________________
Child’s Name: _________________________________________________________________________________
Child’s Signature:______________________________________________________ Date: ___________________
WAIVER AND VOLUNTARY ASSUMPTION OF RISK

I am the parent/guardian of __________________________ ("my child"). I understand that the Northfield School District offers students an opportunity to participate in a variety of youth sports activities and that participation in those activities is completely voluntary. I recognize and understand that these activities involve inherent risks, including but not limited to the risk of contracting COVID-19 and the risk of physical injury or death. I also understand that these risks will exist despite careful planning and adequate supervision. Knowing the inherent risks and dangers involved, I voluntarily assume those risks and grant permission for my child to participate in the following school sponsored activity: ______KidVentures______.

Knowing the inherent risks and dangers that are involved, I waive, release, and forever discharge the Northfield School District and its current and former board members, officers, directors, employees, agents, insurers, and representatives from any and all liability, actions, claims, and demands for personal injury, sickness, death, or property loss arising out of or relating to my child’s participation in the activity that I have identified above. I further waive any right to bring any claims, demands, legal actions, or causes of action against the District, its board members, officers, directors, employees, agents, insurers, or representatives, unless they engage in gross negligence or willful misconduct that directly causes harm to my child.

Finally, I agree to hold the Northfield School District and its board members, officers, directors, employees, agents, insurers, and representatives harmless from any and all claims, demands, or liabilities for injury, sickness, death, or loss of property arising out of or relating to my child’s participation in the activity that I have identified above.

Dated: ________________

____________________________________
Signature of Parent/Guardian

RRM: 162462