



## After School Re-Enrollment Packet 2021

### Child Information

Name of Child: \_\_\_\_\_

Check Name of School:  Lapham  Marquette      Grade in 21/22: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Check Name of School:  Lapham  Marquette      Grade in 21/22: \_\_\_\_\_

### Enrollment Schedule

Full Time (Monday-Friday)

### Weekly Rates (per child)

Full Week: \$129.61

### Required Materials

*After School Re-Enrollment Packet 2021-2022*

- ◆ Enrollment Form, Parent Permission/Payment Agreement, Emergency Contact Card

**Please email completed materials to [sapenroll@redcaboosedaycare.org](mailto:sapenroll@redcaboosedaycare.org)**

**OR**

**submit completed materials in person or by mail to the following address:**

Red Caboose After-School  
654 Williamson St.  
Madison, WI 53703

### Notice

- ◆ Any outstanding balances accrued through any Red Caboose Child Care Center, Inc programming must be resolved with the Billing Coordinator prior to enrolling. If you have an outstanding balance, your child's enrollment will be on hold until that balance is paid in full.
- ◆ We are currently only allowing for full time (Monday-Friday) enrollment, but the days you choose to use are up to your determination. If part-time enrollment options become available at a later date, parents will be informed.
- ◆ After School is scheduled to begin for Kindergarteners on Tuesday, March 9th and for First and Second Graders on Tuesday, March 16th.
- ◆ Program on Mondays is from 7:30 am - 5:45 pm and on Tuesdays-Fridays from school dismissal until 5:45 pm.
- ◆ AM or PM transportation is not available for After School.

Any questions? Please contact Laura Rogers at (608) 51-5432 or at [school.age@redcaboosedaycare.org](mailto:school.age@redcaboosedaycare.org) or Savannah Stutzman at (608) 256-1566 or at [sapenroll@redcaboosedaycare.org](mailto:sapenroll@redcaboosedaycare.org).

# Parent Permissions and Payment Agreement

**EMERGENCY MEDICAL CARE:** I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. In case of emergency (accident or illness) and I cannot be reached, I give full permission to Red Caboose to transport my child to the nearest available health care facility. I will assume full responsibility (including financial responsibility) for services rendered.

**FIELD TRIPS:** I understand that field trips (including swimming) by bus, van, or on foot, are integral parts of the Red Caboose School-Age Program. I agree to let my child go on all field trips during their time enrolled.

**PHOTOGRAPHS & VIDEO:** The following permission statements are only valid when a parent/guardian has marked his or her initials on the "yes" space next to the statement. If you wish to deny permission for any statement, simply mark your initials in the "no" space next to the statement. Any statement without a mark will be assumed to be a "no."

\_\_\_\_\_  
YES NO I agree and consent to having my child(ren) photographed or filmed while in the care of Red Caboose for classroom or program use.

\_\_\_\_\_  
YES NO I agree and consent to the use of any photographs or videos taken of my child(en) by Red Caboose for educational, advertising, and publicity purposes (fliers, enrollment packets, and fund-raising materials). I understand these may be posted on the website, Facebook, and other social media.

Note: No Child will be identified by name.

**SCHOOL TO RED CABOOSE TRANSFER:** By signing this form, I give my child permission at school dismissal to walk from their classroom to the Red Caboose After-School rooms.

**TEACHER COMMUNICATION:** By enrolling my child in Red Caboose, I give permission to Red Caboose staff to speak with Lapham and/or Marquette MMSD school staff to discuss matters related to my child. This permission is in effect until my child no longer attends Red Caboose.

**CITY ACCREDITATION COMMUNICATION:** I understand that this program is Madison Accredited. Madison Accreditation staff may be used for consultation in a confidential manner. I authorize this center to release information for the purpose of improving the quality of the program and supporting staff to best meet the needs of children in the program.

## PAYMENT OF FEES:

- ◆ I agree to pay my tuition/copay **IN ADVANCE:**  Weekly  Bi-Weekly  Monthly
- ◆ I would prefer my invoices to be emailed to me.  Yes  No
- ◆ I agree to pay for the days my child is enrolled, whether or not my child is in attendance on those days, including days that Red Caboose is not in session and parents are still billed.
- ◆ I understand that if a balance remains from previous care at Red Caboose Child Care Center, either Red Caboose After-School location, or Camp Caboose, my enrollment will be placed on hold until this balance is paid in full. I understand that I am risking my child's spot by leaving an unpaid balance unattended.
- ◆ I agree to give Red Caboose a two-week written notice before changing my child's schedule or withdrawing my child. If I do not give notice, I agree to pay two weeks of fees upon withdrawal.
- ◆ I understand that during the No Public School Days and Early Release Days (Days of Play) that a separate registration is needed and an additional fee is charged.

**ENROLLMENT AGREEMENT:** Both custodial parents and guardians must sign the Enrollment Form. All persons signing this Child Enrollment Form agree that they are jointly and severally liable for any services provided by Red Caboose as set forth on this agreement.

| Signature          | Date          | Print Name          |
|--------------------|---------------|---------------------|
| _____<br>Signature | _____<br>Date | _____<br>Print Name |

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint or discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (800)632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish). USDA is an equal Opportunity provider and employer."

# Emergency Contact Card

## CHILD(REN)

Name (last, first): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Enrolled (date): \_\_\_\_\_

Name (last, first): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Enrolled (date): \_\_\_\_\_

## PARENTS / GUARDIANS

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone—Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone—Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

RESIDENCE: child(ren) lives with:  Both Parents  Mother  Father  Split Residence  Other: \_\_\_\_\_

LEGAL CUSTODY:  Mother  Father  Guardian (name): \_\_\_\_\_

*NOTE: If parents have joint legal custody, either parent may pick up the child(ren) at any time. If an individual has sole legal custody, his/her written permission is needed for anyone, including noncustodial parent, to pick up the child(ren).*

PICK UP AUTHORIZATION—I give permission to the following people to pick up my child(ren) anytime, without additional specific authorization: \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT—The following people may be called in an emergency when parent(s) or guardian(s) cannot be reached and have permission to remove my child(ren) from program if necessary.

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Phone—Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Phone—Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

PHYSICIAN: Red Caboose has my permission to call my child(ren)'s physician:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

EMERGENCY RELEASE: I give consent for emergency medical care or treatment to be used only if I cannot be reached immediately. HOSPITAL OF CHOICE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_