

red caboose

— EST.  1972 —

SCHOOL AGE PROGRAM

“Red Caboose fosters a sense of community among children, their families, and staff, with a commitment to diversity and inclusion. We provide excellent education, nutrition, and play-based learning for children in a nurturing, safe environment emphasizing healthy social-emotional development.”

After School Enrollment Packet 2018-2019

History and Overview

Red Caboose is a non-profit corporation since 1972. We are the oldest independent center in Madison. It is licensed by the state and accredited by the City of Madison. We have been providing After School Care at Lapham Elementary since 1990 and at Marquette Elementary since 1992. In addition, we offer summer camp, Camp Caboose, for school age children. Red Caboose has a strong tradition of serving all children, including those with special educational, emotional, and physical needs.

Program Schedule

The After School Program starts at school dismissal (Mondays 1:07 and Tuesday – Friday at 2:32) and closes at 5:45 PM every day. During program, you will find that your child has the opportunity to participate in fun, creative activities that is focused on your child’s interests and guided by our highly professional and qualified staff.

Child-Centered Care

For us to provide a high quality care, we maintain a ratio of 1 teacher to 10-12 children, a nourishing snack, a variety of cooperative play, and learning opportunities for your child. It allows time for quiet play and reading, active and outdoor play, field trips, small and large group and individual activities. Activities are also offered in the areas of arts and crafts, construction, small manipulatives, games, dramatic play, science, computer, and cooking.

Days of Play

During the days when school is not in session, Red Caboose After School provides care. However, there is an additional enrollment and fee. For full days, we provide care at either Lapham or Marquette and for the Early Release Days, we provide care at the school your child attends. This includes Winter and Spring Break! Day of Play enrollment forms are found on our website, in confirmation packets, or by request.



Enrollment Information

Priority Policies

The following enrollment priorities are used to determine the order of enrollment for each school year. The School Age Program Director will resolve any priority issues or conflicts and all decisions of the School Age Program Director are final. A waitlist is maintained when requests for enrollment exceed capacity.

1. First priority is given to children currently enrolled in the School Age Programs, their siblings and in Red Caboose's Grasshopper Room who will attend Lapham. These children will be enrolled in the order of the date of return of the registration form until the priority deadline – March 2, 2018
2. If space remains available, second priority is given to children in grades K-5 whose new registration forms are returned by/on Kindergarten registration day – Friday, March 2, 2018.
3. If space remains available, third priority is given to children currently on the Lapham or Marquette waiting lists. These children will be enrolled in order of their respective wait list as long as the registration form is returned by the priority deadline (Kindergarten registration day)
4. If space remains available, fourth priority is given to children whose re-registration or new registration forms are returned after the respective deadlines. These children will be enrolled in order of the date of return, based on the number of days difference between the deadline and the return date.
5. If space remains available, fifth priority is given to children attending schools other than Lapham or Marquette Elementary Schools. These children will be enrolled only when children in all of the above groups have been enrolled and spaces still exist and will be otherwise enrolled in order of the date of return of enrollment forms.

Weekly Rates (per child)

Full week: \$91.55
4 Days/Week: \$83.50
3 Days/Week: \$62.60
2 Days/Week: \$41.75
Drop-In Rate: \$22.00

Required Materials

- ❖ After School Enrollment Packet 2018-2019
 - Enrollment form, parent permission/payment agreement, emergency contact card, health history and emergency care plan, day care immunization record
- ❖ Payments
 - \$40 one-time registration fee (per family)
 - \$25 annual parent dues (per family)
 - 1st week tuition (per child), or an authorization from the city/county

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

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

Notice

- ❖ All fees are non-refundable.
- ❖ There is a minimum enrollment requirement of two days per week.
- ❖ Tuition is required regardless of attendance.
- ❖ Any outstanding balances accrued through any Red Caboose Child Care Center, Inc programming must be resolved with the Billing Coordinator prior to enrolling their child in the After School program.

Any questions? Please contact Andrea Suarez at (608) 251-5432 or at school.age@redcaboosedaycare.org

ENROLLMENT FORM 2018-2019

1. Name of Child _____ Gender _____
Date of Birth _____ site: Lapham Marquette grade in 18/19 _____
month / day / year (please circle one)

Name of Child _____ Gender _____
Date of Birth _____ site: Lapham Marquette grade in 18/19 _____
month / day / year (please circle one)

2. Parents or Guardians:

FAMILY STATUS: married () divorced () separated () single () partnered ()

RESIDENCE: child lives with: both parents together () mother only () father only ()
shared/split custody () other _____

LEGAL CUSTODY: both parents () mother () father () guardian/s _____

NAME OF PARENT (mother/father/guardian): _____
(please circle one)

home address _____ zip _____

home phone _____ work phone _____ cell phone _____

employer/school _____

email address _____

NAME OF PARENT (mother/father/guardian): _____
(please circle one)

home address _____ zip _____ send copy of bill? ___yes ___no

home phone _____ work phone _____ cell phone _____

employer/school _____

email address _____

OTHER INVOLVED PERSON or PARTNER: _____

home address _____ zip _____ send copy of bill? ___yes ___no

home phone _____ work phone _____ cell phone _____

employer/school _____

email address _____

4. Do you receive child care tuition assistance?

City Day Care () County () CCTAP () other (please specify) _____

Name AND phone number of case worker, if any _____

5. REQUESTED ENROLLMENT SCHEDULE: (2 day minimum) M T W R F (circle days needed)

6. Enrollment forms returned after Friday, August 17, 2018, will start on the second week of school.

First day of enrollment: _____20_____.

PARENT PERMISSIONS/PAYMENT AGREEMENT

1. **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.
2. **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 (including swimming) during the time she/he is enrolled in the Red Caboose School Age Program.
3. **PHOTOGRAPHS or VIDEO:** By initialing at the "Yes" below, I agree and consent to the use of any photographs or videos taken of persons under my guardianship. These pictures are understood to be used by Red Caboose Day Care Center, Inc. for educational, advertising and publicity purposes only. This may include fliers, enrollment packets, the Red Caboose School Age website or the Red Caboose School Age Facebook or You Tube pages. If I initial at the "No" my child will not be included in any of the above purposes. YES _____ NO _____
4. **SCHOOL TO RED CABOOSE TRANSFER:** By signing this form I give my child permission at school dismissal to walk from his or her classroom to the Red Caboose After School rooms.
5. **TEXTING:** I would like Red Caboose to text me any important after school related updates or if a bus will be late. Phone number to text: _____ Phone carrier: _____
6. **PAYMENT OF FEES:**
 - A. I agree to pay my tuition **IN ADVANCE:** weekly _____ bi-weekly _____ monthly _____.
Do you want an email bill? YES _____ NO _____
 - B. I agree to pay for the days my child is enrolled, whether or not my child is in attendance including days Red Caboose is not in session where parents are still billed.
 - C. I understand that if a balance remains from previous RC After School years or Camp Caboose my enrollment will be placed on hold until this balance is resolved with the Billing Coordinator.
 - D. I agree to give Red Caboose a two-week written notice before changing schedule or withdrawing my child. If I do not give notice, I agree to pay two weeks of fees upon withdrawal.
 - E. I understand that during the No Public School Days and Early Release Days (aka Days of Play) that a separate registration is needed and an additional fee is required.
7. **TEACHER COMMUNICATION:** By enrolling my child in Red Caboose, I give permission to the Red Caboose staff to speak with Lapham &/or Marquette school staff to discuss matters related to my child. This permission is in effect until my child no longer attends Red Caboose.
8. **CITY ACCREDITATION COMMUNICATION:** I understand that this center 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 classroom.
9. **ENROLLMENT AGREEMENT:** Both custodial parents & 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
_____ signature	_____ date	_____ 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."

Received by _____ on _____ SAPD _____ BC _____ Check # _____ Amount _____

Emergency Contact Card

Child(ren)

Name (last, first) _____ Birth (date) _____ Enrolled (date) _____

Name (last, first) _____ Birth (date) _____ Enrolled (date) _____

Parents/Guardians

Name _____ Address _____
Mother/Father/Guardian (circle one) Street, Address, City, Zip

Phone—Home _____ Work _____ Cell _____

Email: _____

Name _____ Address _____
Mother/Father/Guardian (circle one) Street, Address, City, Zip

Phone—Home _____ Work _____ Cell _____

Email: _____

Residence—Child(ren) lives with:

Both parents together Mother only Father Only Shared/split residence

Legal Custody Both parents 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 Contacts

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 center if necessary.

Name _____ Relationship to child(ren) _____

Phone—Home _____ Work _____ Cell _____

Name _____ Relationship to child(ren) _____

Phone—Home _____ Work _____ Cell _____

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 or guardian _____ **Date:** _____

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Cerebral palsy / motor disorder		
<input type="checkbox"/> Other condition(s) requiring special care – Specify.		

 Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
 Food allergies – Specify food(s).

 Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER . State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.
 Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).
²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.
³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR**
 IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

 Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

STEP 5 To the best of my knowledge this form is complete and accurate.

 SIGNATURE - Parent, Guardian or Legal Custodian

 Date Signed