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 2019-2020

History and Overview

Red Caboose is a non-profit corporation since1972. 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

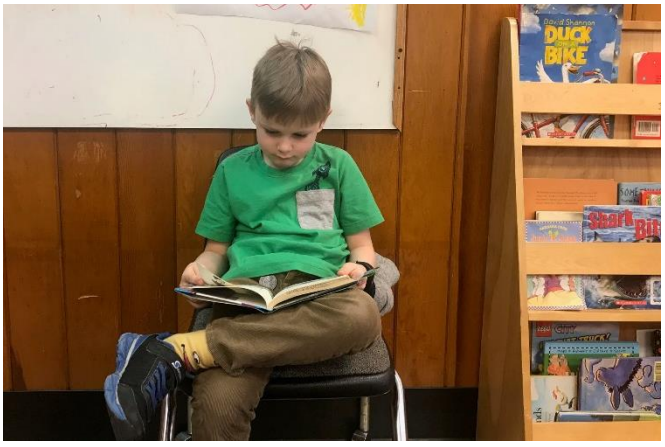
The After School Program starts at school dismissal (Mondays 1:07 and Tuesday – Friday at 2:32) and closes at 5:45 PM every day. During program, you will find that your child has the opportunity to participate in fun, creative activities that is focused on your child's interests and guided by our highly 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! The Days of Play Enrollment form can be found in this packet on page 11.



654 Williamson St. Madison, WI 53703 | 608-251-5432 | fax 608-256-1615 | www.redcaboosechildcare.org

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 1, 2019
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 – March 1, 2019
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: $94.30
4 Days/Week: $87.51
3 Days/Week: $65.63
2 Days/Week: $43.75
Drop-In Rate: $21.88

Required Materials

- After School Enrollment Packet 2019-2020
  - 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 or Savannah Stutzman at (608) 256-1566 or at sapenroll@redcaboosedaycare.org.

ENROLLMENT FORM 2019-2020

Name of Child: _____ Gender: _____

Date of Birth: _____ Site: ☐ Lapham ☐ Marquette Grade in 19/20: _____
month / day / year (please check one)

Name of Child: _____ Gender: _____

Date of Birth: _____ Site: ☐ Lapham ☐ Marquette Grade in 19/20: _____
month / day / year (please check one)

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: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Employer/School: _____

Email Address: _____

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

Home Address: _____ Zip: _____ Send Copy of Bill? ☐ Yes ☐ No

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Employer/School: _____

Email Address: _____

OTHER INVOLVED PERSON or PARTNER: _____

Home Address: _____ Zip: _____ Send Copy of Bill? ☐ Yes ☐ No

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Employer/School: _____

Email Address: _____

Do you receive child care tuition assistance? ☐ City Day Care ☐ County ☐ CCTAP ☐ Other: _____

Name AND phone number of case worker, if any: _____

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

Enrollment forms returned after Friday, August 16, 2019, will start on the second week of school.

First day of enrollment: _____ 20____.

PARENT PERMISSIONS and 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 Child 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 her or his 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/copay **IN ADVANCE**: weekly _____ bi-weekly _____ monthly _____
   - B. I would prefer my invoices be emailed to me. YES _____ NO _____
   - C. 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.
   - D. 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 losing my child's spot by leaving an unpaid balance unattended.
   - E. 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.
   - F. 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 charged.

7. 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.

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): _____ Date of Birth: _____ Enrolled (date): _____

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

Parents/Guardians

Name: _____ Address: _____

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

Phone—Cell: _____ Work: _____ Home: _____

Email: _____

Name: _____ Address: _____

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

Phone—Cell: _____ Work: _____ Home: _____

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 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'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

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.

☐ Yes ☐ No I authorize the center to apply sunscreen to my child. ☐ Yes ☐ No I authorize the center to allow my child to self-apply sunscreen.	Brand Name	Ingredient Strength
☐ Yes ☐ No I authorize the center to apply repellent to my child. ☐ Yes ☐ No I authorize the center to allow my child to self-apply repellent.	Brand Name OFF! Unscented	Ingredient Strength

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.

☐ No specific medical condition

☐ Asthma ☐ Diabetes ☐ Gastrointestinal or feeding concerns including special diet and supplements

☐ Cerebral palsy / motor disorder ☐ Epilepsy / seizure disorder ☐ Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

☐ 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: _____ _____ _____ _____ _____

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44192 (Rev. 09/08)

STATE OF WISCONSIN
ss. 252.04,Wis. Stats

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 *Influenzae* 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

[1] If 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).

[2] If 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.

[3] MMR 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).

[4] Children 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

HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying *Household Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren)	Center

PART 1: BENEFITS

If no one receives these benefits, skip to PART 2.

If any member of your household currently receives benefits from:	Check the box for the benefit received AND list the case number
FoodShare Wisconsin (10 digit #)	☐ _ _ _ _ _ _ _ _ _ _
Wisconsin Works (W-2) Cash Assistance (10 digit #)	☐ _ _ _ _ _ _ _ _ _ _
FDPIR (9 digit #)	☐ _ _ _ _ _ _ _ _ _

- DO NOT list a 16 digit Quest Card number for FoodShare
- Wisconsin Shares Child Care Subsidy benefits is NOT W-2 Cash Assistance.

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME (Complete a, b, and c)

If you completed PART 1, you do not need to list household and income information below.

a) List full names of all household members below, including yourself and all children.

Household Member: anyone who is living with you and shares income and expenses, even if not related.

b) List all income on the same line as the person who receives it.
- Record each income source only once.
- Check the box for how often each income source is received.

Household Members	(Optional) Age	Check if Foster Child	Check if No Income	Gross wages, Net income (self-employed), Commission, Tips, Cash bonuses, Military pay & allowances for off-site housing/food/clothing, Work comp, strike ben., Unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Pensions, Retirement Social Security, VA benefits, SSI, Disability, Child Support, Adoption assistance, Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Private pensions, Trusts/estates, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
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		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

c) Record total # of household members: _____

PART 3: ALL HOUSEHOLDS

ETHNICITY AND RACE DATA COLLECTION – *Completion is optional*

This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO? ☐ Yes, Hispanic or Latino ☐ No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# OR check "None" if he/she does not have a SS#.

I CERTIFY (promise) that all information on this form is true, and that all income is reported unless eligibility is established by receiving FoodShare, W-2 Cash Assistance, and/or FDPIR. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult Household Member	Signature Date *Mo./Day/Yr.*	Last 4 digits of SS# (or check "None" if you do not have a SS#)
		***-**-_ _ _ _ ☐ None

FOR CENTER USE ONLY – Complete all 3 sections and the *Effective Month of Determination*

Section 1: Basis of Determining Eligibility *(A or B)*		Section 2: Eligibility Determination	Section 3: Determining Official's Initials & Approval Date
A. ***Household Size & Income***	**B.** ***Benefits/Foster***	☐ Free	_____
Total Household Size _____	☐ FoodShare WI ☐ W-2 Cash Assistance ☐ FDPIR ☐ Foster Child(ren)	☐ Reduced ☐ Non-Needy	****Effective Month of Determination** _____ Month/Year
*Total Income $_____/_____ ($ Amount) (Time Period)			

*Convert to yearly income only when multiple pay frequencies are reported, using only these multipliers:

Weekly x 52	Twice a month x 24
Every 2 weeks x 26	Monthly x 12

**This form expires one year from the *Effective Month of Determination.*

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
HOUSEHOLD LETTER (Non-Pricing Programs)

For Group Child Care & Outside of School Hours Centers
FFY 2020, Rev. 6/19

Dear Parent or Guardian:

_____ is enrolled in the CACFP, a USDA program which
(Name of Agency)

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher *("Free" or "Reduced-price")* meal reimbursement rates for your enrolled children, for 12 months from the *Effective Month of Determination* regardless of any change in your household size and/or income or termination from Benefits Programs.

- You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDPIR (Food Distribution Program on Indian Reservations), or the W-2 (Wisconsin Works) Cash Assistance Program and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs → *Complete Part 1 and Part 3 of HSIS form*

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDPIR, or W-2 Cash Assistance.

W-2 Cash Assistance is Wisconsin's Temporary Assistance for Needy Families (TANF) program. **It provides temporary cash assistance through work placement and training programs and IS NOT the Wisconsin Shares Child Care Subsidy Program.** W-2 Cash Assistance Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), W-2 Transitions (W-2 T), Custodial Parent of an Infant (CMC), and At Risk Pregnancy (ARP).

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDPIR, W-2 Cash Assistance:

(a) The names of your enrolled children;
(b) Checked box for the benefit your household receives and its case number; and
(c) The signature of an adult member in the household & signature date

- DO NOT list case numbers for: Medicaid, SSI, OR Wisconsin Shares Child Care Subsidy program AND
- DO NOT list the 16 digit Quest Card number for FoodShare WI

Determining Eligibility by Household Size and Income → *Complete Part 2 and Part 3 of HSIS form*

Household-Size Income Scale (Effective July 1, 2019 to June 30, 2020)

Household Size	Annual Income Level (at or below)
1	$ 23,107
2	$ 31,284
3	$ 39,461
4	$ 47,638
5	$ 55,815
6	$ 63,992
7	$ 72,169
8	$ 80,346
For each additional Household Member, add:	+$ 8,177

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates *("Free" or "Reduced-price" meal rate)* for your children.

For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):

(a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
(b) Income received by each household member identified by source of income and its pay frequency;
(c) Total number of household members;
(d) The signature of an adult member of the household and signature date; and
(e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

- Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below.

- Please note: These children's **eligibility for Free meals does not extend to other children in your household.**

The respective documentation is required for these children to be eligible for Free Meals:

- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
- **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, the W-2 Cash Assistance Program, or FDPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to**. This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Please note that filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, please notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax:(202) 690-7442; or (3) Email: programintake@usda.gov This institution is an equal opportunity provider.

Signature of Agency Representative

red caboose
EST. 1972
SCHOOL AGE PROGRAM

Days of Play Sign Up Form
No Public School Day and Early Release Day
School Year 2019-2020

Dear Families and Friends of RC after school,

Attached to this letter is the chance to sign up for *No Public School Days* and *Early Release Days*, also known as Days of Play. Once you submit this form you will receive a confirmation with the days you have selected. If you realize in the future that you do not need care, you can give us a two week notice prior to the day of care to withdraw. If you are unsure of what days you need, no worries – we will still send out reminders of days you can sign up throughout the year. HOWEVER, KEEP IN MIND SPOTS FILL UP VERY QUICKLY.

Also! You can avoid a $5 fee if you sign up a month or more prior to the day of care needed! (ex: if you enroll a month prior the cost of a No Public School Day is $46.14, if you enroll later it is $51.14)

No Public School Days are days when school is closed all day during Winter Break, Spring Break or teacher in-services. On those days we provide full day care from 7:30am to 5:45pm. Breakfast and Afternoon Snack are provided on these days. Please remember to bring a lunch for your child. These days are great days for field trips! We will inform you of any field trips through email. If you do not need care for the entire day, there is a ½ day option as well. These days will be held either all in Marquette or Lapham Elementary.

Half Day AM: 7:30am-12:30pm **Half Day PM:** 12:45pm-5:45pm

2019 Cost of No Public School Days:
Full Day- $46.14 **Half Day**- $26.27
Please note there may be a rate change January 2020.

Early Release Days are days where school starts at its regular time but ends at 10:50 am. We provide care starting at 10:50 am and close at 5:45 pm. <u>After School will be held on site where your child attends at either Lapham or Marquette.</u> Red Caboose will provide afternoon snack for your child. It is important that you provide a lunch during these days as well. These days are great for larger, day-long projects and neighborhood field trips. Please check in at site and on our web page for details throughout the year.

2019 Cost of Early Release Days: $34.61
Please note there may be a rate change January 2020

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SCHOOL AGE PROGRAM

Days of Play Sign Up Form
No Public School Day and Early Release Day
School Year 2019-2020

Red Caboose Closing Dates for 2019-2020

- Monday, September 2nd for Labor Day
- Thursday & Friday, November 28th & 29th for Thanksgiving Break
- Tuesday & Wednesday, December 24th & 25th for Winter Break
- Tuesday & Wednesday, December 31st & January 1st for New Year
- Monday, January 20th for Martin Luther King Jr. Day
- Monday, May 25th for Memorial Day
- Wednesday, June 10th will be the last day of after school care (last day of school)

Things to remember:

- All Days of Play are an additional charge on top of your regular weekly bill.
- Even if you are signed up for the day of the week that an Early Release or No Public School Day is being held, you will still need to sign up for it separately with this form.
- If you do not attend these dates you still will be charged for the days your child is signed up for the week.
- If you realize you do not need care there is a two week notice from the date you need to dis-enroll in order to have charges removed from your account.
- If your child is absent or Red Caboose closes for inclement weather on any of these dates, charges with still be applied.

Questions? Feel free to contact either:
Savannah Stutzman, Enrollment Coordinator, at (608) 256-1566 or
sapenroll@redcaboosedaycare.org
Andrea Suarez, School Age Program Director at (608) 251-5432 or
school.age@redcaboosedaycare.org

Please return your forms to Savannah Stutzman at
654 Williamson Street, Madison, WI 53703 or via email at sapenroll@redcaboosedaycare.org

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SCHOOL AGE PROGRAM

Days of Play Sign Up Form
No Public School Day and Early Release Day
School Year 2019-2020

(Please CIRCLE if your child will be attending Fulltime, AM Part time, or PM Part time)

Early Release

- ☐ Friday, November 15
- ☐ Friday, April 10
- ☐ Thursday, April 16

No Public School Days

- ☐ Friday, October 25
  AM / PM / FULL
- ☐ Thursday, November 21
  AM / PM / FULL
- ☐ Monday, December 9
  AM / PM / FULL
- ☐ Friday, January 24
  AM / PM / FULL
- ☐ Friday, February 7
  AM / PM / FULL
- ☐ Friday, February 28
  AM / PM / FULL
- ☐ Friday, March 20
  AM / PM / FULL
- ☐ Monday, April 27
  AM / PM / FULL

Winter Camp

- ☐ Monday, December 23
  AM / PM / FULL
- ☐ Thursday, December 26
  AM / PM / FULL
- ☐ Friday, December 27
  AM / PM / FULL
- ☐ Monday, December 30
  AM / PM / FULL
- ☐ Thursday, January 2
  AM / PM / FULL
- ☐ Friday, January 3
  AM / PM / FULL

Spring Camp

- ☐ Monday, March 30
  AM / PM / FULL
- ☐ Tuesday, March 31
  AM / PM / FULL
- ☐ Wednesday, April 1
  AM / PM / FULL
- ☐ Thursday, April 2
  AM / PM / FULL
- ☐ Friday, April 3
  AM / PM / FULL

I need care for the following days marked above. I understand that I will be billed the additional cost for these days the month prior to the time that care will be provided. If I realize that I do not need care and I do not want to be charged, I will provide a 2 weeks' notice to withdraw in writing to the School Age Program Director.

Child's Name: _____ Date: _____

Parent(s) Name: _____ Email: _____

Signature: _____ Received on: _____ BY: _____