

CAMP CABOOSE 2026

NAME OF CHILD: _____ Date of Birth: _____

Grade in 25/26: ____ Gender: ____ Child's Pronouns: _____ Shirt Size: "S" "M" "L" "XL

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Grade in 25/26: ____ Gender: ____ Child's Pronouns: _____ Shirt Size: "S" "M" "L" "XL

RESIDENCE: child lives with: Both Parents Parent 1 Parent 2 Split Residence

Other: _____

LEGAL CUSTODY: Both Parents Parent 1 Parent 2 Guardian: _____

NAME OF PARENT 1: _____

Home Address: _____ City: _____

Zip: _____ Main Phone: _____ Work Phone: _____

Employer/School: _____ E-Mail Address: _____

NAME OF PARENT 2: _____

Home Address: _____ City: _____

Zip: _____ Main Phone: _____ Work Phone: _____

Employer/School: _____ E-Mail Address: _____

Please send a copy of Camp Caboose email communications to the above person: Yes No

OTHER INVOLVED PERSON: _____

Home Address: _____ City: _____

Zip: _____ Main Phone: _____ Work Phone: _____

Employer/School: _____ E-Mail Address: _____

Please send a copy of Camp Caboose email communications to the above person: Yes No

Do you receive childcare tuition assistance? City Day Care Wisconsin Shares/County

Funding Other (please specify) _____

Name of case worker, if any: _____ Phone: _____

Scholarship funds may be available for families who qualify. Please contact Jen Mathias, our Billing Coordinator, for more information.

EMERGENCY CONTACT

CHILD(REN)

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

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

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

PARENTS / GUARDIANS

Name: _____ Address: _____

Phone—Cell: _____ Work: _____ Home: _____

Email: _____

Name: _____ Address: _____

Phone—Cell: _____ Work: _____ Home: _____

Email: _____

RESIDENCE: child(ren) lives with: Both Parents Parent 1 Parent 2 Split Residence

Other: _____

LEGAL CUSTODY: Parent 1 Parent 2 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, 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 pick-up my child(ren) from Camp if necessary. You must include at least one person other than parent(s) or guardian(s).

Name: _____ Relationship to Child(ren): _____

Phone—Cell: _____ Work: _____ Home: _____

Name: _____ Relationship to Child(ren): _____

Phone—Cell: _____ Work: _____ Home: _____

PHYSICIAN—Camp 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: _____

SHOOTING STARS ENROLLMENT

ENTERING 1ST AND 2ND GRADE

NAME OF CHILD: _____

NAME OF CHILD: _____

CONTRACTED ENROLLMENT SCHEDULE: FULL TIME (M-F) OR PART TIME (2-4 days/wk.) Please circle requested days M T W R F

1	<input type="checkbox"/> June 15-18	All Aboard!
2	<input type="checkbox"/> June 22-26	Water's Happening?
3	<input type="checkbox"/> June 29- July 2	Madtown Getdown
4	<input type="checkbox"/> July 6-10	Café Caboose
5	<input type="checkbox"/> July 13-17	I DO Believe in Magic!
6	<input type="checkbox"/> July 20-24	Will it Explode?
7	<input type="checkbox"/> July 27-31	It's a Circus in Here!
8	<input type="checkbox"/> August 3-7	Camp Olympics

CONTRACTED WEEKS OF CARE: *please check requested weeks*

TRAVEL WEEK: *please check requested days*

Monday, August 10

Discovery World

Tuesday, August 11

Dolphins Cove/ Bowling

Wednesday, August 12

Milwaukee Co. Zoo

Thursday, August 13

Urban Air

* NO CAMP ON **Friday, June 19th** or **Friday, July 3rd**

Parent Signature: _____ Parent Name: _____ Date: _____

COMET ENROLLMENT

CAMPERS ENTERING 3RD, 4TH, 5TH AND 6TH GRADE

NAME OF CHILD: _____

NAME OF CHILD: _____

CONTRACTED ENROLLMENT SCHEDULE: FULL TIME (M-F) OR PART TIME (2-4 days/wk.) Please circle requested days M T W R F

		<input type="checkbox"/> Adventurers	<input type="checkbox"/> Explorers	<input type="checkbox"/> Discoverers
1	<input type="checkbox"/> June 15-18	All Aboard!	All Aboard!	All Aboard!
2	<input type="checkbox"/> June 22-26	Super Fun Week Of Camp	Will It Explode?	Water's Happening?
3	<input type="checkbox"/> June 29- July 2	Madtown Getdown	Slumber Party!	Game The System
4	<input type="checkbox"/> July 6-10	Camp on Wheels (Advanced)	Camp on Wheels (Intermediate)	Café Caboose
5	<input type="checkbox"/> July 13-17	Betwixt The Pages	Fantasticalifrajalistic!	Bushcraft
6	<input type="checkbox"/> July 20-24	Water's Happening?	The Great Boose Bake Off	Take The Stage
7	<input type="checkbox"/> July 27-31	Mess Fest	Water's Happening?	Roar! Bawk!
8	<input type="checkbox"/> August 3-7	Camp Olympics!	Camp Olympics!	Camp Olympics!

CONTRACTED WEEKS OF CARE: please check requested weeks

TRAVEL WEEK: please check requested days

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Discovery World

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* NO CAMP ON Friday, June 19th or Friday, July 3rd

Parent Signature: _____ Parent Name: _____ Date: _____

PARENT PERMISSION

The following agreements are non-negotiable components of Red Caboose's Camp Caboose. A parent/guardian signature stating you have read the agreement with these statements is a necessary pre-requisite for enrollment. If signatures from ALL parents/guardians are not provided, enrollment will be placed on hold until they are provided.

WITHDRAWAL & CHANGE OF SCHEDULE: I agree to give Red Caboose a four-week written notice before withdrawing my child from the program. If I do not give such notice, I agree to pay in full the tuition for the contracted weeks and schedule. I understand that I may not reduce the number of days per week of my child's set schedule and that I may not reduce the number of weeks that my child is enrolled for Camp Caboose.

FRIDAY, JUNE 19 and FRIDAY, JULY 3: I understand that Friday, June 19th and Friday, July 3rd are holidays, and Camp Caboose will not be in session. Due to Red Caboose policies, if a child is enrolled for these weeks/days, a charge will still be applied to the family's billing statement.

FIELD TRIPS: I understand that field trips (including swimming) by bus, van, or on foot, are an integral part of the program at Camp Caboose. I agree to let my child go on all field trips during their time enrolled at Camp Caboose. I understand that field trips scheduled may need to be adjusted throughout summer due to weather or extenuating circumstances.

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 Camp Caboose to transport my child to the nearest available health care facility via ambulance. I will assume full responsibility, including financial responsibility, for services rendered.

CITY ACCREDITATION COMMUNICATION: I understand that Red Caboose is City of Madison accredited. Madison accreditation staff may be used for consultation in a confidential manner. I authorize this program 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.

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. Any statement without a mark will be assumed to be a "no."

PHOTOGRAPHS & VIDEO:

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

I agree and consent to the use of any photographs or video taken of my child(ren) by
Yes No Red Caboose for educational advertising and publicity purposes (fliers, enrollment packets, and
fundraising materials). I understand these may be posted on the website, Facebook, and other social media. ***
Note: No child will be identified by name. ***

MOVIES:

I give my child(ren) permission to watch PG-rated movies while at Camp Caboose
Yes No with the understanding that I will be notified of the movie's title via email communication and Facebook,
if possible, beforehand.

SWIMMING INFORMATION:

The information below will be used to make your child's swimming experiences as safe and enjoyable as possible throughout the summer. Please specify any differences if you are answering for multiple children.

- Yes No Has your child ever been swimming at pool or beach
- Yes No Has your child taken swim lessons?
- Yes No Is your child afraid of the water?
- Yes No Is your child afraid of putting their head under water?
- Yes No Is there anything else that we need to know regarding your child's experience
while swimming?

PAYMENT AGREEMENT

PAYMENT OF FEES:

I agree to pay for the days/weeks my child is enrolled, whether or not my child is in attendance. **I agree to pay my summer camp fees IN ADVANCE:** Weekly Bi-Weekly Monthly **Would you like an email bill? Yes No

If yes, please provide ALL email addresses for billing and camp updates below.

To enroll, please complete your enrollment forms and submit your deposit. The deposit is equal to your first week's tuition plus any applicable fees. Please refer to the policies regarding schedule changes on page 10 and the checklist on page 13 of our Camp Caboose brochure to ensure you have enrolled your child completely.

Your enrollment is considered complete when we receive your enrollment packet and your deposit for payment. As we receive enrollment packets, we will review all material is completed, process your enrollment, and send your confirmation. If any part of your enrollment paperwork is missing, we will notify you by email. **Priority enrollment will end on January 23.**

The deposit must be submitted as a check or money order and can be dropped off at the childcare center on Winnebago Street. **If you already have ACH set up for payments for after school care, the deposit for Camp Caboose will not automatically come out of ACH.**

Checks/ money orders should be written and sent, along with all enrollment paperwork, including health forms and vaccination records to Red Caboose Child Care Center, 2346 Winnebago Street, Madison WI 53704.

You can either deliver or mail enrollment paperwork to Red Caboose Child Care Center or email all enrollment forms, including health forms and vaccination records to SAPEnroll@redcaboosechildcare.org. Drop off is only acceptable at our Red Caboose Child Care Center (**Staff at the after-school program are not authorized to accept paperwork or payment**). Please do not drop off paperwork or payment at the elementary school office.

To Complete Your Enrollment

- | | |
|---|----------|
| <input type="checkbox"/> Deposit: 1st week's tuition | \$ _____ |
| <input type="checkbox"/> \$43.20 Registration Fee (new families only) | \$ _____ |
| <input type="checkbox"/> \$27 Parent Fees (summer-only families) | \$ _____ |
| <input type="checkbox"/> \$12 Field Trip Fee (one-time fee per child) | \$ _____ |
| <input type="checkbox"/> I have chosen to sponsor another camper for the additional | \$ _____ |

Amount I have indicated to the right. (This is a tax deductible donation) **TOTAL: \$ _____**

ENROLLMENT AGREEMENT: PARENT(S) SIGNATURE: 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: _____

Signature: _____ Date: _____

For Red Caboose Administration Only

Received by _____ on _____ SAPD _____ BC _____ Conf. _____

Check # _____	Amount _____	Priority Grouping 6-9FT 6-9PT 3-5 FT 3-5PT 1-2
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