

Red Caboose After-School 2017-2018 Re-Registration Form

****Priority deadline is Friday, March 3, 2017****



I would like to re-register my child(ren)

_____ at Lapham / Marquette **Grade in 17/18** _____

_____ at Lapham / Marquette **Grade in 17/18** _____

for RC After School for the 2017-2018 school year, which is scheduled to begin on Tuesday, September 5th.

I am requesting the following schedule for my child(ren):

M T W R F

(circle days requested- minimum 2 days required)

RC After School 2017 Weekly Rates

Full Week: \$89.75
4 Days a Week: \$81.85
3 Days a Week: \$61.40
2 Days a Week: \$40.95
Drop-In Rate: \$21.40

**To enroll: return Re-Registration Form,
Emergency Card, & Income Form along with a
check for your child(ren)'s 1st week tuition.**

To Secure Your Spot

- * Please include a check for the cost of the first week of after school. Re-Registration *will not be processed without a deposit.*
- * If you receive funding either through the City of Madison or Wisconsin Shares, contact Kim Owens in the Billing Office to determine what amount you need to submit as your deposit. The funds will be held in escrow and applied to your September bill.

Please send your payment, Re-Registration Form, Emergency Card, & Income Form to:

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

PLEASE NOTE:

- Any remaining balance from the previous after school year or Camp Caboose program must be taken care of prior to enrollment. **If you have an outstanding balance, your child's enrollment for fall will be on hold until that balance is paid in full.**
- Any enrollment forms returned to School-Age Program Director, Andrea Suarez, after Friday, August 18, 2017, will have a start date of Monday, September 11, the second week of school.
- Our Parent Permissions and Payment Agreement has been updated, on the opposite side of this form. Please read, initial where necessary, and sign the bottom of the form before returning.
- Parent Handbooks and Enrollment for Days of Play will be sent out with confirmation packets.
- If you have any updates or changes for our Health History and Emergency Care form, you can either download it from our website: www.redcabooseeschoolage.org or request one at your child's after-school program.

(Please turn over for additional information & signatures!)



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) _____ 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):

SIGNATURE

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

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed

RC After School
No Public School and Early Release Day
Sign Up Form
School Year 2017-2018



Dear Friends and Families of RC After School
Attached to this letter is the chance to sign up for *No Public School and Early Release Days* (Also known as *DAYS OF PLAY*) for the entire school year. Fill the form out and we will send you a confirmation on the days you have selected. If you realize in the future you do not need care you can give us a 2 week notice prior to the day of care to withdraw. If you are unsure of what days you need, no worries- we'll still send out forms throughout the year and you can sign up as *DAYS OF PLAY* arise.

Also! You can save an extra \$5 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 \$43.90, if you enroll later it is \$48.90)

Days of Play 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 in both after school programs and on our website. If you do not need care for the entire day, there is a ½ day option as well.

Half Day AM: 7:30am-12:30pm

Half Day PM: 12:45pm-5:45pm

2017 Cost for No Public School Days:

Full Day- \$43.90 **Half Day-** \$25.00

Please note there may be a rate change January 2018.

Early Release Days are days where school starts at its regular time but ends at 10:45am. We provide care starting at 10:45a.m and close at 5:45p.m. After School will be held on site where your child attends at either Lapham or Marquette. Red Caboose will provide afternoon snack for your child. It is important that you provide a lunch during these days. 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.

2017 Cost of Early Release Days: \$32.95

Please note there may be a rate change January 2017

RC After School
No Public School and Early Release Day
School Year 2017- 2018



Please remember:

- Make sure your child dresses appropriately for the weather and field trips. This includes hats, mittens/gloves, boots (if there is snow, slush, rain or mud), a warm jacket and snow pants (if there is snow, slush, rain or mud). We do make an effort to go outside and play every day! Generally, with spring weather it is a good note to bring extra clothes (especially socks and pants) with your child.
- Bring a healthy, well balanced lunch for your child. Red Caboose does provide breakfast and an afternoon snack.
- All toys and games must stay at home. Red Caboose provides an ample amount of fun activities to bide your child's time and interest!

Red Caboose is closed:

Monday September 5th, Labor Day

Thursday & Friday, November 23 & 24 for Thanksgiving Break

Monday & Tuesday, December 25th & 26th for Christmas Break

Monday & Tuesday, January 1st & January 2nd for New Years.

Monday, January 15th for Martin Luther King Jr. Day

Monday, May 28th for Memorial Day

Friday, June 8th will be the last day of programming.

Questions? Feel free to contact Andrea Suarez, School Age Program Director at (608)251-5432 or school.age@redcaboose daycare.org.

Please return your forms to Char'Lee King or Andrea Suarez at 654 Williamson Street, Madison, WI 53703 or via email at SAPEnroll@redcaboose daycare.org



RC AFTER SCHOOL 2017—2018
NO PUBLIC SCHOOL AND EARLY RELEASE

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

Early Release

- Friday, November 10
- Thursday, November 16
- Friday, January 19
- Friday, April 6
- Thursday, April 12

No Public School Days

- Friday, October 27
AM / PM / FULL
- Wednesday, November 22
AM / PM / FULL
- Friday, December 8
AM / PM / FULL
- Friday, February 9
AM / PM / FULL
- Friday, March 16
AM / PM / FULL
- Friday, April 27
AM / PM / FULL

Winter Camp

- Friday, December 22
AM / PM / FULL
- Wednesday, December 27
AM / PM / FULL
- Thursday, December 28
AM / PM / FULL
- Friday, December 29
AM / PM / FULL

Spring Camp

- Monday, March 26
AM / PM / FULL
- Tuesday, March 27
AM / PM / FULL
- Wednesday, March 28
AM / PM / FULL
- Thursday, March 29
AM / PM / FULL
- Friday, March 30
AM / PM / FULL

Yes, I need care for the following days, I have 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 RC After School 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: _____