

Re-Enrollment Form 2019-2020

PRIORITY DEADLINE

March 1, 2019

red caboose

— EST.  1972 —

SCHOOL AGE PROGRAM

Child/Children Information

Name of Child: _____

Circle Name of School: Lapham / Marquette Grade in School 2019-2020: _____

Name of Child: _____

Circle Name of School: Lapham / Marquette Grade in School 2019-2020: _____

Circle Days to Attend (2 days required): MON TUES WED THU FRI

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

- ❖ Re-Enrollment Form 2019-2020
- ❖ Emergency Contact Card
- ❖ Deposit and Parent Dues
 - Check for your child/children's 1st week tuition and \$25 in annual parent dues, or
 - Contact Kim Owens in the Billing Office if you receive funding through the City of Madison or Wisconsin Shares to determine the amount you need to submit as your deposit. The funds will be held in escrow and applied to your September bill.

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

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

Notice

- ❖ 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.
- ❖ Enrollment for Days of Play is located on page 6 of this packet.
- ❖ After School for the school year 2019-2020 is scheduled to begin on Tuesday, September 3rd.

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:** _____



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. 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 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



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 will 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



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: _____