



## After School Re-Enrollment Packet 2020-2021

PRIORITY DEADLINE: MARCH 25, 2020

### Child Information

Name of Child: \_\_\_\_\_

Check Name of School:  Lapham  Marquette      Grade in 20/21: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Check Name of School:  Lapham  Marquette      Grade in 20/21: \_\_\_\_\_

Requested Enrollment Schedule (2 days required)      MON TUES WED THURS FRI

### Weekly Rates (per child)

Full Week: \$97.60  
4 Days/Week: \$90.57  
3 Days/Week: \$67.93  
2 Days/Week: \$45.29  
Drop-In Rate: \$22.64

### Required Materials

*After School Re-Enrollment Packet 2020-2021*

- ◆ Enrollment Form, Parent Permission/Payment Agreement, Emergency Contact Card

#### *Payments*

- ◆ \$25 annual parent dues (per family)
- ◆ 1st week tuition (per child), or an authorization from 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

- ◆ Any outstanding balances accrued through any Red Caboose Child Care Center, Inc programming must be resolved with the Billing Coordinator prior to enrolling. If you have an outstanding balance, your child's enrollment will be on hold until that balance is paid in full.
- ◆ Enrollment for Days of Play is located on page 5 of this packet.
- ◆ After School for the 2020-2021 school year is scheduled to begin on Tuesday, September 1st.

Any questions? Please contact Laura Rogers at (608) 51-5432 or at [school.age@redcaboosedaycare.org](mailto:school.age@redcaboosedaycare.org) or Savannah Stutzman at (608) 256-1566 or at [sapenroll@redcaboosedaycare.org](mailto:sapenroll@redcaboosedaycare.org).

# Parent Permissions and Payment Agreement

**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.

**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 during their time enrolled.

**PHOTOGRAPHS & VIDEO:** *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. If you wish to deny permission for any statement, simply mark your initials in the "no" space next to the statement. Any statement without a mark will be assumed to be a "no."*

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

\_\_\_\_\_ I agree and consent to the use of any photographs or videos taken of my child(en) by Red Ca-  
 YES NO boose for educational, advertising, and publicity purposes (fliers, enrollment packets, and fund-  
 raising materials). I understand these may be posted on the website, Facebook, and other so-  
 cial media.

Note: No Child will be identified by name.

**SCHOOL TO RED CABOOSE TRANSFER:** By signing this form, I give my child permission at school dismissal to walk from their classroom to the Red Caboose After-School rooms.

**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.

**CITY ACCREDITATION COMMUNICATION:** I understand that this program 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 program.

**PAYMENT OF FEES:**

- ◆ I agree to pay my tuition/copay **IN ADVANCE:**  Weekly  Bi-Weekly  Monthly
- ◆ I would prefer my invoices to be emailed to me.  Yes  No
- ◆ 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.
- ◆ 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 my child's spot by leaving an unpaid balance unattended.
- ◆ I agree to give Red Caboose a two-week written notice before changing my child's schedule or withdrawing my child. If I do not give notice, I agree to pay two weeks of fees upon withdrawal.
- ◆ I understand that during the No Public School Days and Early Release Days (Days of Play) that a separate registration is needed and an additional fee is charged.

**ENROLLMENT AGREEMENT:** Both custodial parents and 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."

# Emergency Contact Card

## CHILD(REN)

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

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

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

## PARENTS / GUARDIANS

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone—Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone—Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

RESIDENCE: child(ren) lives with:  Both Parents  Mother  Father  Split Residence  Other: \_\_\_\_\_

LEGAL CUSTODY:  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 CONTACT

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(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: \_\_\_\_\_

## Days of Play Sign Up Form

### No Public School Days

These are days when school is closed all day during Winter Break, Spring Break, or teacher in-services and 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. No Public School Days are great 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 half day option as well. These days will be held at Lapham or Marquette Elementary.

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

### Early Release Days

These are days where school starts at its regular time but ends at 10:50am. We provide care immediately following school dismissal at 10:50am until 5:45pm. Early Release Days will be held on site where your child attends school, 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.

### Rates

No Public School Day - Full Day: \$47.75

No Public School Day - Half Day: \$27.19

Early Release Day: \$35.82

*\*Please note there may be a rate change January 2021.\**

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 \$47.75, if you enroll later it is \$52.75).

### Red Caboose Closing Dates for 2020-2021

- ◆ Monday, September 7th—Labor Day
- ◆ Thursday, November 26th and Friday, November 27th—Thanksgiving Break
- ◆ Thursday, December 24th and Friday, December 25th—Winter Break
- ◆ Thursday, December 31st and Friday, January 1st—New Year
- ◆ Monday, January 18th—Martin Luther King Jr. Day
- ◆ Friday, February 26th—Staff Development and Spring Cleaning
- ◆ Monday, May 31st—Memorial Day

### Things to Remember

- ◆ All Days of Play are an additional charge on top of your regular weekly bill.
- ◆ Even if your child is 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 realize you do not need care there is a two week notice from the date you need to dis-enroll in order to have charged 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.

Any questions? Please contact Laura Rogers at (608) 51-5432 or at [school.age@redcaboosedaycare.org](mailto:school.age@redcaboosedaycare.org) or Savannah Stutzman at (608) 256-1566 or at [sapenroll@redcaboosedaycare.org](mailto:sapenroll@redcaboosedaycare.org).

# Days of Play Sign Up Form

School Year 2020-2021

Please note that Red Caboose will be closed on Friday, February 26th for staff development and spring cleaning.

## Early Release

- Friday, November 6
- Friday, April 9th
- Thursday, April 15

## No Public School Days

- Friday, October 23
  - AM  PM  FULL
- Thursday, November 12
  - AM  PM  FULL
- Wednesday, November 25
  - AM  PM  FULL
- Monday, December 7
  - AM  PM  FULL
- Friday, January 22
  - AM  PM  FULL
- Friday, March 19
  - AM  PM  FULL
- Monday, April 26
  - AM  PM  FULL
- Friday, May 28
  - AM  PM  FULL

## Winter Camp

- Monday, December 21
  - AM  PM  FULL
- Tuesday, December 22
  - AM  PM  FULL
- Wednesday, December 23
  - AM  PM  FULL
- Monday, December 28
  - AM  PM  FULL
- Tuesday, December 29
  - AM  PM  FULL
- Wednesday, December 30
  - AM  PM  FULL

## Spring Camp

- Monday, March 29
  - AM  PM  FULL
- Tuesday, March 30
  - AM  PM  FULL
- Wednesday, March 31
  - AM  PM  FULL
- Thursday, April 1
  - AM  PM  FULL
- Thursday, April 2
  - 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 Enrollment Coordinator.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Received on: \_\_\_\_\_ By: \_\_\_\_\_