

# red caboose



## SCHOOL AGE PROGRAM

### After School Re-Enrollment Packet 2023-2024

PRIORITY DEADLINE: **May 30th, 2023**

#### Child Information

NAME OF CHILD: \_\_\_\_\_

Grade in 23/24: \_\_\_\_\_ Child's Pronouns: \_\_\_\_\_  Lapham  Marquette

NAME OF CHILD: \_\_\_\_\_

Grade in 23/24: \_\_\_\_\_ Child's Pronouns: \_\_\_\_\_  Lapham  Marquette

Requested Enrollment Schedule (2 days required)

MON TUES WED THURS FRI

#### Weekly Rates (per child)\*

Full Week: \$108.72  
4 Days/Week: \$100.90  
3 Days/Week: \$75.67  
2 Days/Week: \$50.45  
Drop-In Rate: \$25.22

\*Please note there may be a rate change in January 2024

#### Required Materials

*After School Re-Enrollment Packet 2023-2024*

- ◆ 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  
2340 Winnebago St.  
Madison, WI 53703

#### Notice

- ◆ All fees are non-refundable and tuition is required regardless of attendance.
- ◆ There is a minimum enrollment requirement of two days per week.
- ◆ A two-week notice is required in order to withdraw from the Red Caboose After School Program.
- ◆ 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 2023-2024 school year is scheduled to begin on **Tuesday, September 5th**
- ◆ We reserve the right to postpone the start date of after school care based on staff availability. We will admit students as staffing allows in the order of enrollment.

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

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

\_\_\_\_\_  
YES    NO    I agree and consent to the use of any photographs or videos taken of my child(ren) by 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.

**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/copy **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. This includes two weeks notice of withdrawal for enrollment in Days of Play.
- ◆ I understand that during the No Public School Days and Early Release Days (Days of Play), 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. If there is a single custodial adult, please designate second signature with Non Applicable.

_____ 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: \_\_\_\_\_

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  Split Residence

One Parent:  Mother  Father  Other: \_\_\_\_\_

LEGAL CUSTODY:  Mother  Father  Parent (name): \_\_\_\_\_  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 provide 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 10:30am. 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 nut free lunch during these days as well.

## Rates

No Public School Day - Full Day: \$53.20

No Public School Day - Half Day: \$30.29

Early Release Day: \$39.91

*\*Please note there may be a rate change January 2024.\**

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 \$50.67, if you enroll later it is \$55.67)

## Red Caboose Closing Dates for 2023-2024

- ◆ Monday, September 4th—Labor Day
- ◆ Wednesday, November 22nd—Staff Development and Cleaning and Organizing
- ◆ Thursday, November 23rd and Friday, November 24th—Thanksgiving Break
- ◆ Friday, December 22nd and Monday, December 25th—Christmas Eve, observed & Christmas Day
- ◆ Friday, December 29th and Monday, January 1st, —New Year's Eve, observed & New Year's Day
- ◆ Monday, January 15th—Martin Luther King Jr. Day
- ◆ Friday, May 24th—Staff Development and Spring Cleaning
- ◆ Monday, May 27th—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 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.
- ◆ Red Caboose reserves the right to cancel any Day of Play due to low enrollment with two weeks notice to families.

Any questions? Please contact Laura Rogers at (608) 251-5432 or at [school.age@redcaboosechildcare.org](mailto:school.age@redcaboosechildcare.org) or our Enrollment Coordinator at (608) 256-1566 or at [sapenroll@redcaboosechildcare.org](mailto:sapenroll@redcaboosechildcare.org).

# Days of Play Sign Up Form

School Year 2023-2024

Please note that Red Caboose will be closed on No School Day Wednesday, November 22, and Friday, May 24th for staff development and cleaning.

## Early Release

- Tuesday, October 31st
- Monday, April 8th

## No Public School Days

- Friday, October 20
  - AM  PM  FULL
- Friday, November 3
  - AM  PM  FULL

Wednesday, November 22 –  
No School, **Red Caboose Closed**

- Friday, January 26
  - AM  PM  FULL
- Friday, February 16
  - AM  PM  FULL
- Friday, April 12
  - AM  PM  FULL
- Monday, April 15
  - AM  PM  FULL

Friday, May 24th - No School,  
**Red Caboose Closed**

## Winter Camp

- Wednesday, December 20
  - AM  PM  FULL
- Thursday, December 21
  - AM  PM  FULL
- Tuesday, December 26
  - AM  PM  FULL
- Wednesday, December 27
  - AM  PM  FULL
- Thursday, December 28
  - AM  PM  FULL
- Tuesday, January 2
  - AM  PM  FULL

## Spring Camp

- Monday, March 25
  - AM  PM  FULL
- Tuesday, March 26
  - AM  PM  FULL
- Wednesday, March 27
  - AM  PM  FULL
- Thursday, March 28
  - AM  PM  FULL
- Friday, March 29
  - 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: \_\_\_\_\_