

# red caboose

— EST.  1972 —

## CAMP CABOOSE

JUNE 16-  
AUGUST 14

DAY CAMP FOR  
SCHOOL AGE CHILDREN  
ENTERING 1ST-6TH GRADE

Red Caboose fosters a sense of community among children, their families, and staff, with a commitment to diversity and inclusion. We provide excellent education, nutrition, and play-based learning for children in a nurturing, safe environment emphasizing healthy social-emotional development.



## Camp Leadership Team



### **Robby Schiller**

School Age Program Director  
Robby@redcaboosechildcare.org



### **Sydney Warwood**

Camp Director  
608-204-4177 (Field trip phone)  
Sydney@redcaboosechildcare.org



### **Beth Feeney**

Camp Director  
Beth@redcaboosechildcare.org



### **KC Gilbertson**

Float Supervisor / Camp Director



### **Jen Mathias**

Billing Coordinator  
608-256-1566  
Jen@redcaboosechildcare.org



# Camp Basics & Traditions

Camp Caboose is a summer day camp program for children entering 1st through 6th grades. Summer camp offers an unmatched opportunity to foster community and social-emotional development.

## Location, Dates, & Hours

Camp Caboose will be based at Marquette Elementary School, 1501 Jenifer St. Weeks 1-8 will run from Monday, June 16th through Friday, August 8th (excluding Thursday, June 19th and Friday, July 4th). Travel Week (week 9) will run from Monday, August 11th to Thursday, August 14th. Camp Caboose hours are 7:30am to 5:45pm. Campers can be dropped off and picked up at any time within these hours. Just be sure to check their schedule for the week so they don't miss any field trips. Camp Caboose's phone number is **(608) 204-6934**.

## Star Values

Captains will emphasize our core values with their group. Throughout the week Captains will recognize Campers and groups for demonstrating five-star excellence in these areas. We will recognize and celebrate Campers and groups at our Friday Fiesta.



## Monday Blastoff

Each Monday morning, we will gather together and BLAST OFF the week with fun games, songs, and activities! We will talk about what to expect for the week and review everything that we will need to know in order to have a great week. Please make sure your Camper is with us by 10am on Mondays to join in the fun!

## Friday Fiesta

FRIDAY FIESTA, which will begin at 1:30pm, is our favorite opportunity to share everything awesome from the past week, plus participate in fun skits, games, and songs. Oh, and there will be snacks!

# Shooting Stars



The Shooting Stars program is designed for Campers who are **entering 1st and 2nd grade**. Campers will have opportunities to explore and use their imagination all summer long!

## **Week One | June 16-20 (No Camp on Juneteenth) | All Aboard!**

Chug-A-Chug-A-Choo-CHOOO! Camp Caboose is leaving the station. Get ready to have a great summer with a week of the camp activities that you've been looking forward to all school year! There will be classic Camp Caboose stuff like water balloons, tie-dye, and walking field trips to the ice cream shop mixed in with plenty of surprises too! Don't let the camp train leave without YOU!

## **Week Two | June 23-27 | Neighborhood Adventures**

Explore our wonderful community in the Willy Street and Atwood areas! Discover new places, engage in local events, and uncover hidden treasures that were right under your nose. Bring your excitement and curiosity and get ready to be wowed in your own backyard!

## **Week Three | June 30-July 3 (No Camp Friday July 4) | Mess Fest**

Mess Fest is a Camp Caboose tradition where disgusting equals delightful! We will play classic messy games like cheeto head or maybe even take a tumble down a whipped cream slip and slide. We could mix up some truly foul smoothies for only the bravest campers to try, choosing the worlds worst flavor combos by rolling dice. Pickle Juice and Chocolate Sauce, anyone?! Wear your grubbiest clothes and be ready for fun, messy, chaos!

## **Week Four | July 7-11 | Water-Palooza**

Still a little sticky behind the ears from Mess Fest week? Water-Palooza has got you covered. This week will be a full on celebration of all things wet and wild! Swimming, Drip-Drip-Drop, Sponge Tag and so much more will keep us busy between trips to the pool, splash pad or beach. We always bring our towel and swimsuit to camp but maybe bring a spare this week!

### **Week Five | July 14-18 | On The Farm**

Moo! Quack! Baaaaa! Let's find out what farm life is all about! We will get our hands dirty and start our own seeds, learn about different ways of farming, build our own cardboard tractor and finish it off with a trip to the Dane County Fair to see (and pet) some real farm animals!

### **Week Six | July 21-25 | Mercedes' Diner**

We'll be cooking up some fun this week with our very own Camp Caboose restaurant! Spend the beginning of the week building your menu, perfecting recipes, doing the grocery shopping and creating the perfect style and vibe for your restaurant. Then on Friday you will have your grand opening for all of your families!

### **Week Seven | July 28-August 1 | Into The Enchanted Forest**

What will we find in The Enchanted Forest? Talking Frogs? Cursed Trees? Friendly Trolls? Weird Sandwiches?! There's no limit to what we can imagine and create this week at camp! We will play Dungeons and Dragons and role play as characters that we create on an epic adventure that will climax in a final, camp-wide quest to save our beloved Captains from an evil spell!

### **Week Eight | Aug 4-8 | Camp Olympics**

This week at Camp, each group will choose a unique country to represent and to share about with our camp "world". Our countries will go head-to-head in Olympic style competitions and maybe some not-so-Olympic-style competitions that are just a whole lot of fun, as well. On Friday, we will hold our Camp Closing Ceremonies to celebrate another great summer at Camp Caboose!



# Comets



The Comets program is designed for campers **entering 3rd through 6th grade**. What fun it is to be a Comet! You get to choose from three lovingly curated camp experiences! We always do our best to get campers into their first choice of groups but no matter what group you are in, you will have fun at Camp Caboose!

For specific dates, see Shooting Star schedule beginning on pg. 3

## ADVENTURERS

**WK 1: All**

**Aboard!**

**WK 2: Wheelie  
Week**

**(advanced)**

**WK 3: Mess  
Fest**

**WK 4: Art Walk**

**WK 5: World's  
Wildest Jobs**

**WK 6: Carnival  
Extravaganza!**

**WK 7: Water-  
Palooza**

**WK 8: Camp  
Olympics!**

## EXPLORERS

**WK 1: All**

**Aboard!**

**WK 2: Time  
Warp Week**

**WK 3: Builders'  
Brigade**

**WK 4: Water-  
Palooza**

**WK 5: Dodge  
This!**

**WK 6:  
Mercedes'  
Diner**

**WK 7:  
Enchanted  
Forest**

**WK 8: Camp  
Olympics!**

## DISCOVERERS

**WK 1: All**

**Aboard!**

**WK 2: Wheelie  
Week**

**(intermediate)**

**WK 3: Kid Ninja  
Warrior**

**WK 4: Camp  
Curiosity**

**WK 5: Water-  
Palooza**

**WK 6: Dodge  
This!**

**WK 7:  
Mercedes'  
Diner**

**WK 8: Camp  
Olympics!**



## **All Aboard!**

Chug-A-Chug-A-Choo-CHOOO! Camp Caboose is leaving the station. Get ready to have a great summer with a week of the camp activities that you've been looking forward to all school year! There will be classic Camp Caboose stuff like water balloons, tie-dye and walking field trips to the ice cream shop mixed in with plenty of surprises too! Don't let the camp train leave without YOU!

## **Wheelie Week**

This year at Camp, we will have two bike groups. Both groups will still need to be able to ride confidently. The intermediate group will that will go for shorter rides around the neighborhood and an advanced group which will go for our traditional ride around Lake Monona. The final advanced ride is over 13 miles so please make sure your camper knows what they are getting into!

## **Time Warp Week**

Take a trip back in time and experience the days of yore! Learn what "days of yore" means! How far back will we go? Dinosaurs or original Nintendo? Explore the fashion, music and food trends of the past. Maybe we will make ambrosia salad, learn the electric slide or make flapper dresses and zoot suits! Be ready for any kind of groovy, funky or totally tubular fun this week!

## **Mess Fest!**

Mess Fest is a Camp Caboose tradition where disgusting equals delightful! We will play classic messy games like cheeto head or maybe even take a tumble down a whipped cream slip and slide. We could mix up some truly fowl smoothies for only the bravest campers to try, choosing the worlds worst flavor combos by rolling dice. Pickle Juice and Chocolate Sauce, anyone?! Wear your grubbiest clothes and be ready for fun, messy, chaos!

## **Builders Brigade**

Would you rather walk across a bridge made of spaghetti or a bridge made of popsicle sticks? Does it matter if the spaghetti is cooked or not? Can we build a functioning Watermelon Catapult? These questions and many more will all be answered this week at Camp Caboose!

## **Kid Ninjas**

Ninjas were mercenaries, infiltration agents and guerilla warfare experts who lived in Japan from the 15th to 17th centuries. During Kid Ninja week, campers will get to learn more about the actual history of ninjas in addition to exploring ninjas in popular culture and honing their own ninja skills by completing "The Seven Secret Challenges."

## **Art Explosion!**

From sketches to collage, from sculpture to interpretive dance, all things artistic are on the easel this week at camp. We will explore a new artist's signature style each day, using different techniques and materials. On Friday, we will put on an Art Show for our families and other community members so we can show off our work!

## **Waterpalooza**

This week will be a full on celebration of all things wet and wild! Swimming, Canoeing, Drip-Drip-Drop, Sponge Tag and so much more will keep us busy between trips to the pool, splash pad or beach. We always bring our towel and swimsuit to camp but maybe bring a spare this week!

## **Camp Curiosity**

Grab your lab coat and don't forget your safety goggles because this week is all about SCIENCE! Things will go boom, fizz, squish and bubble as we explore the real magic in the world. No matter what kind of science is your favorite, we've got you covered, from baking to paleontology. So, form a hypothesis, make a mistake, make a mess and stay curious!

## **World's Wildest Jobs**

Do you ever think about what you want to be when you grow up? Sure, you could be a YouTuber but what about a paper towel sniffer, chocolate tester or fortune cookie writer. Can you make a living teaching dogs how to surf?! This is the week to find your dream job you never even knew existed!



## **Dodge This!**

It's the thrilling return of Dodgeball week at Camp Caboose! This week will be entirely devoted to all the best kinds of Dodgeball including Doctor Dodge, Trenchball, Chain Dodge, Crazy Ball, Dr. Sneaker, Traitor Dodge, Operation Dodgeball and more! We will also invent our own, brand new, version of Dodgeball and teach it to the camp on Friday. Keep your head down and your feet quick and see if you can "Dodge This!"

## **Into The Enchanted Forest**

What will we find in The Enchanted Forest? Talking Frogs? Cursed Trees? Friendly Trolls? Weird Sandwiches?! There's no limit to what we can imagine and create this week at camp! We will play Dungeons and Dragons and role play as characters that we create on an epic adventure that will climax in a final, camp-wide quest to save our beloved Captains from an evil spell!

## **Carnival Extravaganza!**

Come one! Come all! And step right up! This week we will take our inspiration from the Dane County Fair and create our own Camp Caboose Carnival! We will make our own games, cook up some carnival favorite treats and even have our own dunk tank! Get ready to make some midway magic!

## **Mercedes' Diner**

We'll be cooking up some fun this week with our very own Camp Caboose restaurant! Spend the beginning of the week building your menu, perfecting recipes, doing the grocery shopping and creating the perfect style and vibe for your restaurant. Then on Friday you will have your grand opening for all of your families!

## **Camp Olympics**

This week at Camp, each group will choose a unique country to represent and to share about with our camp "world". Our countries will go head-to-head in Olympic style competitions and maybe some not-so-Olympic-style competitions that are just a whole lot of fun, as well. On Friday, we will hold our Camp Closing Ceremonies to celebrate another great summer at Camp Caboose!



## Travel Week

Campers will go on day-long field trips each day from August 11-14. Please ensure that your Camper arrives no later than 8:30 am. All field trips leave at 9 am, and we will do our best to return by 4:30 pm. These trips are weather dependent, and indoor alternatives will be planned in case of inclement weather.

**Monday, August 11**

**Tuesday, August 12**

**Wednesday, August 13**

**Thursday, August 14**

**Discovery World**

**Dolphins Cove/Bowling**

**Milwaukee Co. Zoo**

**URBAN AIR**

# Schedule Policy

All schedule change requests need to be made with the Enrollment Coordinator and will be accommodated whenever possible if space is available. All decisions are final.

## Weeks 1-8

**Drop-In Days:** If space is available, drop-in days (any additional day that is not part of the set schedule) may be requested no more than one week in advance of the requested day.

**Adding Days:** Days may be added to a set schedule, if space is available. For example, a schedule of Mondays, Wednesdays, Fridays may be changed to Mondays through Fridays for the remainder of summer.

**Changing Weekly Schedule:** If space is available, a set schedule may be permanently changed as long as there is no net reduction in days. For example, a Tuesdays and Wednesdays schedule may be changed to a Mondays and Thursdays schedule.

**Switching Weeks:** If space is available, a contracted week may be switched for a previously un-contracted week.

**Dropping Days/Weeks:** Individual days and/or weeks may not be dropped once they have been contracted for/once you receive confirmation of schedule.

**Withdrawing:** A four week written notice to the Enrollment Coordinator is required to withdraw from the program.

**Travel Week (Week 9):** Your child's schedule for Travel Week can differ from their schedule for weeks 1-8. In order to enroll for Travel Week, you must register for one additional week and check the requested dates on the Shooting Star and/or Comet Enrollment form. Contracted schedules for week 9 (Travel Week) cannot be changed, except by adding one or more drop-in days as explained above.

**For more information:** contact Robby at [robb@redcaboosechildcare.org](mailto:robb@redcaboosechildcare.org)



## **Camp FAQ**

### **How do I pay my child's camp deposit or tuition payments?**

With a check mailed to or dropped off at the Red Caboose Child Care Center, 2346 Winnebago St. Madison WI, 53704

### **Does my child need to bring a lunch?**

No! Camp Caboose serves breakfast, lunch, and afternoon snack! Each meal focuses on fresh fruits, vegetables, and whole grains. Vegetarian options are always available. Camp Caboose is a NUT FREE environment!

### **What does my child need to bring on a daily basis?**

Camp Caboose spends a lot of time outside so children should bring a hat, water bottle, swimsuit (even if it's not a planned swimming day, because you never know!), towel, and comfortable shoes. Please label all items with your child's first name and last initial.

### **Will my child get to go swimming?**

YES!! Both Shooting Stars and Comets groups will be going on swim trips every week, including Travel Week! It is always good to remember to bring a swimsuit and towel every day. Campers are supervised by lifeguards and staff. (Adjustments may be made due to weather or extenuating circumstances.) All campers are expected to follow swim rules.

### **Will my child get to go on any field trips?**

YES!! Campers are able to explore their community through frequent field trips! Shooting Stars and Comets groups will take at least one field trip a week to a swimming pool or splashpad, and sometimes more depending on the specific theme that they are signed up for. (Adjustments may be made due to weather and/or other circumstances.)

### **How can I find out about weekly Camp Caboose events?**

The plans for each group will be posted weekly at camp on the parent communication board and in our weekly email newsletter.

### **Can my child bring toys/stuffed animals/cards from home?**

To prevent beloved personal items from getting lost, broken or stolen, children are not allowed to bring toys or stuffed animals to camp. If campers bring Pokémon or Magic cards, they are only allowed to play with them before 9:00am and after 4:30pm, unless these games correspond with their theme. **No trading of cards is allowed at camp.**

# Camp FAQs

## **Who are the Camp Caboose staff members?**

Our professional leadership team recruits caring and mature staff members based on their character and proven ability to work with youth. All staff members pass rigorous application screening, interviews, reference checks, criminal background checks and staff training before the start of every summer.

## **What if my child has special needs?**

Please communicate the needs of your child, including any necessary medications, on the enrollment forms. Red Caboose will work with parents to create a plan to meet the needs of your child.

## **Do you offer financial assistance?**

Yes. We work hard to ensure that no child is turned away from Camp for financial reasons. Please contact Jen Mathias, our Billing Coordinator, for more information. (Please see page 1 for Jen's contact information.)

## **What if we have more questions?**

Answering your questions and meeting the needs of our campers is why we're here! An expanded FAQ is available on our website. Contact information for our Camp Caboose Leadership Team is on page 1.



# Enrollment

## Weekly Rates

Rates include breakfast, lunch, snack, and all activities, including swimming trips and all other field trips for Camp Caboose.

### Attending 6-9 weeks in total:

5 days/wk: \$305.15

4 days/wk: \$283.20

3 days/wk: \$212.00

2 days/wk: \$141.60

### Attending 1-5 weeks in total:

5 days/wk: \$320.40

4 days/wk: \$307.60

3 days/wk: \$230.70

2 days/wk: \$153.80

Scholarship funds may be available for families who qualify. Please contact Jen Roughen, our Billing Coordinator (see page 1), for more information.

Travel Week/Drop-In Days: \$76.90 per day. To register for Travel Week, you must register for one additional week of camp. Email enrollment questions to [SAPenroll@redcaboosechildcare.org](mailto:SAPenroll@redcaboosechildcare.org)



## Enrollment Checklist:

Our 2025 Camp Caboose enrollment forms are available in paper form by request, or on our website at: [www.redcaboosechildcare.org/programs/camp-caboose/](http://www.redcaboosechildcare.org/programs/camp-caboose/)

To enroll for Camp Caboose please submit the following forms and payments:

- Camp Caboose Enrollment Form 2025
- Emergency Contact Card
- Shooting Stars and/or Comets Enrollment
- Parent Permissions
- Payment Agreement
- Health Form
- Immunization Records
- Camp Deposit:
  - Deposit: 1st Week's Payment
  - \$40 Registration Fee (new families only)
  - \$25 Annual Parent Fee (summer-only families)
  - \$10 Field Trip Fee (one-time per child)
- CACFP income form (for Camp Only families. If you filled one out for Red Caboose during the school year you don't need to fill it out again.)
- (Optional) ACH form - if you would like your Camp tuition payments auto deducted from a checking account. Not required for enrollment.

# Sponsor a Child Give the Gift of Camp

During the school year, we are able to sponsor low-income families through community scholarships and with the support of MMSD. However, during the summer, we need your help to ensure Camp Caboose can be a place for everyone. We are asking our Camp Caboose families to consider contributing financially, in any amount, in order to help all children attend Camp. If you'd like to sponsor a Camper, please indicate the amount on your Camp registration and include it in your enrollment fees. This is a tax-deductible donation. Thank you!



**Join us this summer for an  
unforgettable camp experience!**

**CAMP CABOOSE**

1501 Jenifer St.  
Madison, WI 53703  
608-204-6934

**Please send all mail  
and corresponding  
payments to:**

**Red Caboose**

2346 Winnebago Street  
Madison, WI 53704  
608-256-1566  
sapenroll@  
redcaboosechildcare.org



# CAMP CABOOSE ENROLLMENT FORM 2025

To ensure that your child can start the 1st week of Camp, please have your packet & payment in by **Friday, May 30th.** \*\*Any enrollments after this date will start at the first availability.\*\*

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

Date of Birth: \_\_\_\_\_ Grade in 25/26: \_\_\_\_\_ Gender: \_\_\_\_\_ Child's Pronouns: \_\_\_\_\_ Shirt Size: "S" "M" "L" "XL"

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

Date of Birth: \_\_\_\_\_ Grade in 25/26: \_\_\_\_\_ Gender: \_\_\_\_\_ Child's Pronouns: \_\_\_\_\_ Shirt Size: "S" "M" "L" "XL"

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

Date of Birth: \_\_\_\_\_ 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 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  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

## CAMPERS 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

**CONTRACTED WEEKS OF CARE:** *please check requested weeks*

1	<input type="checkbox"/>	June 16-18, June 20	All Aboard!
2	<input type="checkbox"/>	June 23-27	Neighborhood Adventurers
3	<input type="checkbox"/>	June 30-July 3	MessFest
4	<input type="checkbox"/>	July 7-11	Water Palooza
5	<input type="checkbox"/>	July 14-18	On the Farm
6	<input type="checkbox"/>	July 21-25	Mercedes' Diner
7	<input type="checkbox"/>	July 28-August 1	Into the Enchanted Forest
8	<input type="checkbox"/>	August 4-8	Camp Olympics

**TRAVEL WEEK:** *please check requested days*

Monday, August 11

Discovery World

Wednesday, August 13

Milwaukee County Zoo

Tuesday, August 12

Dolphins Cove Water Park/Bowling

Thursday, August 14

Urban Air Adventure Park

**\*NO CAMP on Thursday, June 19<sup>th</sup> or Friday, July 4<sup>th</sup>**

Parent Signature: \_\_\_\_\_ Print 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

**CONTRACTED WEEKS OF CARE:** *please check requested weeks*

		_____ Adventurers	_____ Explorers	_____ Discoverers
1	<input type="checkbox"/> June 16-18, June 20	All Aboard!	All Aboard!	All Aboard!
2	<input type="checkbox"/> June 23-27	Wheelie Week (advanced)	Time Travel	Wheelie Week (Intermediate)
3	<input type="checkbox"/> June 30-July 3	MessFest	Builder's Brigade	Kid Ninjas
4	<input type="checkbox"/> July 7-11	Art Walk??	Water Palooza	Curiosity Camp
5	<input type="checkbox"/> July 14-18	World's Wildest Jobs	Dodge This!	Water Palooza
6	<input type="checkbox"/> July 21-25	Carnival Extravaganza!	Restaurant??	Dodge This!
7	<input type="checkbox"/> July 28-August 1	Water Palooza	Enchanted Forest	Restaurant??
8	<input type="checkbox"/> August 4-8	Camp Olympics	Camp Olympics	Camp Olympics

**TRAVEL WEEK:** *please check requested days*

Monday, August 11

Tuesday, August 12

Discovery World

Dolphins Cove Water Park/Bowling

Wednesday, August 13

Thursday, August 14

Milwaukee County Zoo

Urban Air Adventure Park

\*NO CAMP on **Thursday, June 19<sup>th</sup>** or **Friday, July 4<sup>th</sup>**

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT PERMISSIONS

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 to 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.

THURSDAY, JUNE 19 and FRIDAY, JULY 4: I understand that Thursday, June 19<sup>th</sup> and Friday, July 5<sup>th</sup> 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 of  
yes no Red Caboose for classroom or program use.

\_\_\_\_\_ I agree and consent to the use of any photographs or videos taken of my child(ren) by Red  
yes no 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 with the  
Yes no 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 a 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 his or her 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 e-mail bill?       Yes       No      If yes, please provide ALL e-mail 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 11 and the checklist on page 14 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'll assign you a number, process your enrollment, and send your confirmation. If any part of your enrollment paperwork is missing, we will notify you by email.

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.**

If you would like your child to start the first week of Camp, please have your enrollment forms and payment submitted no later than Friday, May 30th. Any enrollments after this date will start after the first week of camp for earliest available enrollment. 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 St., 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 both [SAPEnroll@redcaboosechildcare.org](mailto:SAPEnroll@redcaboosechildcare.org) **and** [Robby@redcaboosechildcare.org](mailto:Robby@redcaboosechildcare.org) . Drop off (**of enrollment paperwork only**) at Red Caboose after school at Lapham or Marquette is an option for current school age families only. (**Staff at the after-school programs are not authorized to accept payment.**) Please do not drop off paperwork or payment at the elementary school office.

### **To Complete Your Enrollment:**

- Deposit: 1st week's tuition      \$ \_\_\_\_\_
  - \$40 Registration Fee (new families only)      \$ \_\_\_\_\_
  - \$25 Parent Fees (summer-only families)      \$ \_\_\_\_\_
  - \$10 Field Trip Fee (one-time fee per child)      \$ \_\_\_\_\_
  - 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    3-5FT    3-5PT    1-2

**Health History and Emergency Care Plan**

**Use of form:** This form is voluntary and meets the requirements in DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. 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 may 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)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

**PARENT / GUARDIAN INFORMATION** Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Physician Name	Medical Facility	Address	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 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months 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.	Walgreens Kids SPF50 Lotion AND Banana Boat Kids Lotion/ Sport SPF 50	SPF 50
<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.	OFF! Unscented	

**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.

- No specific medical condition
- Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
- Asthma
- Cerebral palsy / motor disorder
- Diabetes
- Epilepsy / seizure disorder
- Gastrointestinal or feeding concerns, including special diet and supplements

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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 – Child Care Centers 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:



### CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

**PERSONAL DATA**

**PLEASE PRINT**

<b>STEP 1</b>	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)	

**STEP 2**

**IMMUNIZATION HISTORY**

List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) 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)

**STEP 3**

**REQUIREMENTS**

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 child care entrance. Children who reach a new age/grade level while attending this child 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 <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup>	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup>	2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only two 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 four days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).

**STEP 4 COMPLIANCE DATA AND WAIVERS**

**IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR**

**IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child 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 child care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of \$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):

**STEP 5 SIGNATURE**

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

\_\_\_\_\_  
SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
Date Signed



Spring 2025  
Summer Camp  
CACFP Form (attached)

Dear Red Caboose Families,

Every year we request Household Size and Income Statements from families. It is required by the USDA Child and Adult Food Program that we have completed forms from every family that is enrolled in our programs. The funding that we receive from the USDA goes directly towards the food we purchase and serve to the children in our program.

**Please fill out and return to Jen Mathias.**

At Red Caboose, the only person who sees the details of this document is our Billing Coordinator.

By completing this document, you are supporting Red Caboose in the following three ways:

- 1) The household size and income you list on this document (Part 2) will determine your tuition at Red Caboose Child Care Center, Inc. If the form is labeled "n/a" or left blank, we will assume you will pay full tuition for your Child's age group and days per week your child is attending.
- 2) This form is used to determine the number of families the USDA Food Program can reimburse us for. The money we receive from this program directly supports our grocery budget. Qualification is determined by either filling out Part 1 & part 3 OR Part 2 and Part 3. If you do not qualify for free or reduced lunch or any of the listed benefits, at minimum please put your child's name at the top and sign/date in Part 3.
- 3) The listing of your household size and income also supports the information we provide to our grantors. It is our mission to serve a wide range of socio-economic backgrounds. By having this information on record, we are able to have access to a broader range of grant applications and fiscal supporters who support us with our new building, scholarships, and special programming needs.

We do need this document completed to be in compliance with the USDA CACFP. *We will also be asking for a new version of this form to be completed in July as well, per our contract with the USDA.*

If you have any questions, please reach out to either Jen Mathias, Billing Coordinator at [jennifer@redcaboosechildcare.org](mailto:jennifer@redcaboosechildcare.org) or Lisa Fiala, Executive Director at [lisa@redcaboosechildcare.org](mailto:lisa@redcaboosechildcare.org).

Thank you!

Lisa Fiala  
Executive Director  
Red Caboose Child Care Center, Inc.





Group Child Care & Outside of School Hours Centers

FFY 2025, Rev.

HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying Household Letter for instructions on completing this form.

<b>First and Last Name(s) of Enrolled Child(ren):</b>	<b>Center</b>
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**PART 1: BENEFITS**

Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPPIR? If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.

**FoodShare Wisconsin (10-digit case number):** DO NOT list a 16-digit Quest Card number or number that WI Works Program and does not qualify a child as free in CACFP.

**Wisconsin Works Programs (10-digit case number):** DO NOT provide a WI Childcare Subsidy number. This is NOT a starts with 5077.

**FDPPIR (9-digit case number):**

Household Member Names	(Optional) Age	Check if Foster Child	Check if No Income	Gross wages, Net income (selfemployed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, Unemployment	Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony			Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income					
					Weekly	Monthly	Annually	Weekly	Monthly	Annually	Weekly	Monthly	Annually
		<input type="checkbox"/>	<input type="checkbox"/>	\$									
		<input type="checkbox"/>	<input type="checkbox"/>	\$									
		<input type="checkbox"/>	<input type="checkbox"/>	\$									
		<input type="checkbox"/>	<input type="checkbox"/>	\$									
		<input type="checkbox"/>	<input type="checkbox"/>	\$									
		<input type="checkbox"/>	<input type="checkbox"/>	\$									

c) Record total # of household members: \_\_\_\_\_

**PART 3: SIGNATURE**

An adult household member must sign and date this form

If PART 2 is completed, the adult signing the form must list the last four digits of their SS# OR check "None" if they do not have a SS#.

**ETHNICITY AND RACE DATA COLLECTION – Completion is optional**  
 This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO?  Yes, Hispanic or Latino  No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

American Indian or Alaska Native
  Black or African American
  White
  Asian
  Native Hawaiian or Other Pacific Islander

I CERTIFY that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult Household Member	Signature Date Mo./Day/Yr.	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***-**-____ <input type="checkbox"/> None
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**FOR CENTER USE ONLY – Complete all 3 sections**

Section 1: Basis of Determining Eligibility (A or B)		Section 2: Eligibility Determination	Section 3: Determining Official's Initials/Approval Date Effective Month of Determination
<b>A. Household Size &amp; Income</b>  Total Household Size _____  *Total Income \$ _____ / _____ (Time Period) (\$ Amount)	<b>B. Benefits/Foster</b> <input type="checkbox"/> FoodShare <input type="checkbox"/> WI <input type="checkbox"/> W-2 <input type="checkbox"/> Programs FDPIR Foster Child(ren)	<input type="checkbox"/> Free  <input type="checkbox"/> Reduced  <input type="checkbox"/> Non-Needy	Initials/Date: _____  **Effective Month of Determination: _____ Month/Year
*Convert to yearly income <u>only</u> when multiple pay frequencies are reported, using only these multipliers:		Weekly x 52 ----- ---- Every 2 weeks x 26	Twice a month x 24 ----- Monthly x 12
**This form expires one year from the <i>Effective Month of Determination</i> .			

This institution is an equal opportunity provider.