



FALK Families

2011-2012 Programs Offered

at Wisconsin Youth & Family Center

AFTER SCHOOL is a program of the Wisconsin Youth Company, Inc., (WYC) a private, non-profit organization providing programming for children kindergarten age through early adolescence. Participants in the WYC programs include boys and girls of all races, ethnic groups, economic situations and abilities.

Site Information

AFTER SCHOOL offers a safe, comfortable environment where children can be with friends, share and discover new experiences, exercise their imaginations and pursue individual interests. Qualified and caring adults, who recognize the individual needs of children and the varied levels of development, administer the programs. This program is supported in part through a grant from City of Madison Community Services.

AFTER SCHOOL offers two programs at the Wisconsin Youth & Family Center for Falk families, both of which provide challenging and age appropriate activities. For children in kindergarten through second grade the **AFTER SCHOOL BOOST** program offers opportunities beyond traditional after school programming, engaging individual children in new interests and enhanced learning activities. **AFTER SCHOOL Club** programs are specifically designed to meet the needs of children in third grade and up to 12 years old.

Both programs are offered on all school days, Monday through Friday, from school dismissal until 5:45 p.m. Children may be registered to attend **AFTER SCHOOL** two, three, four or five days a week. Three, four and five-day enrollments have priority throughout the school year. In order to protect their enrollment, two day registrants have the option of increasing their enrollment or withdrawing from the program, should capacity be reached.

AFTER SCHOOL also offers programs on scheduled non-school days. Registered children are welcome to attend. No separate registration required.

All necessary materials required for **AFTER SCHOOL** registration are enclosed. Separate forms must be completed for each child you wish to enroll. Children may begin to attend the program when a confirmation that the registration process is complete has been received.

AFTER SCHOOL

A program of Wisconsin Youth Company, Inc.
CHECKLIST FOR REGISTRATION

Please follow the check list below to complete your child's registration packet for the 2011-2012 school year program. Please use a blue or black ink pen to complete all forms.

REGISTRATION FORM (Part I)

- Complete entire form. All contact information must be complete with complete mailing address and phone numbers. (If pre-printed, review the registration form for each child you enroll; update information as necessary.)
- Circle the days of attendance for each program you want your child to attend. (A consistent weekly schedule is required.)
- Indicate the date you would like your child to begin attendance.
- Please complete the back side to be used for grant reporting purposes.

HEALTH FORM (Part II)

- Complete entire form. This is a requirement of Wisconsin Department of Child & Family Services.
- A review of the health form is required yearly and as needed. (If pre-printed, please update information.)
- If your child has special health concerns, please specify on this form. (You may be contacted for clarification in order for us to best meet the individual needs of your child.)
- Sign and date pages 2 and 3.

ENROLLMENT INFORMATION SECURITY FORM (Part III)

- Please complete the top portion of the enrollment information security form with your account access password, answer to at least one account security question, and sign.
- A six character account password must be submitted to complete your registration form. Persons contacting the office to request information or make changes to their account will be **required** to provide their password before any information is shared. Forms submitted without a completed enrollment information security form with a password, one security question and signature will delay processing.
- Designate additional account holder(s) or authorized user(s) as desired.
- Retain parent copy for your records.

REGISTRATION AGREEMENT (Part IV)

- Read thoroughly and sign a registration agreement for each child you wish to enroll. (Only parents signing agreement will have access and authorization to make changes to account information.)
- Complete photo release section.
- Retain the parent copy for your records.

WISCONSIN YOUTH & FAMILY CENTER MEMBERSHIP FORM

- Please complete and sign form.

SHUTTLE PERMISSION FORM

- If your child attends Falk Elementary, please mark for the shuttle to pick up your child at Falk. If your child attends another school he/she must arrive independently or ride the school bus to the program.
- Please mark the requested departure time if you wish for your child to take the shuttle home.
- Please indicate the days of the week your child will be riding the shuttle.
- Indicate your neighborhood drop-off location.
- If your child will not be riding the shuttle please mark the appropriate box.
- Sign and print name.
- Retain the parent copy for your records and review shuttle rules with your child.

ELIGIBILITY VERIFICATION

- Complete and sign the tuition assistance application and the eligibility for the federal free or reduced-priced meals form.

RETURNING THE REGISTRATION PACKET

- Return completed registration packets to: **AFTER SCHOOL, 1201 McKenna Blvd., Madison, WI 53719.**
Incomplete paperwork will not be processed, and no space will be held until paperwork is complete.
- If you have questions, please contact the administrative office at 1-608-276-9782 or 1-800-238-1174. Registration packets may not be faxed.

PROCESSING PROCEDURES

- *After the priority registration period is completed, applications will be processed in the order they are received. Three, four and five-day enrollments have priority throughout the school year. In order to protect their enrollment, families who initially register for less than three days a week have the option of increasing their enrollment or they may withdraw from the program if enrollment reaches capacity.*
- **A registration blackout period will begin two weeks prior to the start of the school year to allow time for processing. Only forms received before this period will be processed and confirmed for attendance the first week of program.**
- **To ensure the safety of your child and accuracy in attendance records for the start of the school year, no registrations will be confirmed two days prior to the first day of or two days following the first day of school.**
- Registrations involving children with special health concerns may take additional time to process.
- Families will receive a confirmation letter which includes the program(s) days enrolled and start date approval.

Children may not attend an AFTER SCHOOL program until enrollment has been confirmed.

Part I CHILD REGISTRATION FORM – Wisconsin Youth & Family Center 2011-2012



If pre-printed, please indicate any new information below by writing in corrections in blue or black ink.

Child's Name (First, Middle, Last) _____ Male / Female _____ Birthdate (M/D/Y) _____ Age _____

Grade in Fall 2011 _____ School Attending _____ **Wisconsin Youth & Family Center**
Program Location

My child attended a previous 2010-11 Wisconsin Youth Company program. ___ No ___ Yes State Statutes require any child under the age of 8 years old and under 80 lbs. be restrained in a booster seat while in a vehicle.

Child resides with: ___ Mother ___ Father ___ Guardian My child weighs less than 80lbs. ___ No ___ Yes

Mother / Father / Guardian (Circle one.) Primary Account Holder

Mother / Father / Guardian (Circle one.) Secondary Contact Person

Address

Address

City/State/Zip

Home Phone

City/State/Zip

Home Phone

Work Phone

Cell Phone

Cell Work Home
Best Phone # During Program Hours

Work Phone

Cell Phone

Cell Work Home
Best Phone # During Program Hours

Best Location of parent/guardian/Address During Program Hours

Best Location/Address During Program Hours

E-Mail Address

E-Mail Address

Independent Arrival Authorization:

- I authorize my child to arrive independently to the AFTER SCHOOL program. (Check one of the boxes below to specify.)
 - School bus (West Middleton approximately 3:10 p.m. and Olson approximately 2:00 p.m. on Monday and 3:30 p.m. Tuesday – Friday.)
 - Wisconsin Youth & Family Center shuttle (Falk approximately 1:15 p.m. on Monday and 2:45 p.m. Tuesday – Friday.)
 - Walk to Program Approximate arrival time: _____

Departure Authorization: At 5:45 p.m. the AFTER SCHOOL program will end.

- I authorize my child to be dismissed from the Wisconsin Youth & Family Center for neighborhood shuttle service at 5:00 p.m. / 5:30 p.m. (Circle one.)
- My child is to wait for authorized pick-up; list names other than parent below. Unless otherwise noted, persons listed above are considered authorized pick-up and emergency contact persons.
- I authorize my child to walk home. Approximate departure time: _____

Emergency Contact / Pick-up Authorization Information: (Any changes during the school year need to be made in writing to the administrative office.)

Individuals authorized to pick up my child: Authorized pick-up persons may be asked to present a photo I.D. All individuals authorized to pick up must be 18 years of age.

In addition to primary and secondary persons listed above, list emergency contact (REQUIRED). In an emergency, if no contact can be made to those listed here, police department will be notified.

Name (first & last)	Best Phone # During Program Hours	Complete Address	Relationship to Child	Emergency Contact Person	Authorized Pick-up person
_____	_____	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Directions: Circle the days of each program for which you are enrolling your child for the 2011-2012 school year.

BOOST Grades K-2	Club Grades 3 and up*	____ / ____ / ____ Requested Start Date	Office Use Only ____ / ____ / ____ Confirmed Start Date
M T W R F	M T W R F	Enrollment must be confirmed before your child may attend program.	

OFFICE USE ONLY: Date Received: ____ / ____ / ____ Intake Initials: _____ WAIT LIST: M T W R F DATE CONFIRMED: ____ / ____ / ____

Please complete other side of this form. Thank you.

Demographic Information (Collected for grant fund reporting purposes only):

1. My child is eligible for free or reduced-price meals at school. _____ Yes _____ No

2. My child's ethnicity is:

- Hispanic or Latino
- Not Hispanic or Latino

3. My child's race is *(Check all that apply)*

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- Multi-racial
 - Black/African American & White/Caucasian
 - Asian & White Caucasian
 - American Indian/Alaska Native & White/Caucasian
 - American Indian/Alaska Native & Black/African American
 - Other: _____

(Please specify)

4. Including myself, there are _____ members of my household.

5. My annual income level is

- More than \$41,000
- \$25,000 to \$41,000
- \$15,300 to \$25,000
- Less than \$15,300



This program is funded in part by a grant from the City of Madison.



Directions: Please complete this form entirely. A review by parents/guardians and staff is required annually. This form must remain with the child during the hours the child is present in the care of Wisconsin Youth Company.

CHILD INFORMATION:

Child's Name (Last) (First) (Middle) Birthdate (M / D / Y)

Home Address (Street, City, State, Zip Code) Date - First Day of Attendance (M / D / Y)

Parent Name (Last) (First) Best Phone # During Program Hours

Address (if different from child's)

PHYSICIAN / MEDICAL FACILITY INFORMATION:

Name of Physician Name, Address, and Phone Number of Medical Facility

SUNSCREEN / INSECT REPELLENT AUTHORIZATION:

Sunscreen: Wisconsin Youth Company will provide Rocky Mountain SPF 30 sunscreen. If your child requires a different strength or brand of sunscreen you must complete an authorization to administer medication form for the brand and strength of sunscreen you provide.

- I authorize Wisconsin Youth Company staff to apply sunscreen to my child.
I authorize Wisconsin Youth Company staff to allow my child to self-apply sunscreen.

Insect Repellent: Wisconsin Youth Company will provide Cutter All Family Pump Spray, 7% Deet. If your child requires a different strength or brand of insect repellent you must complete an authorization to administer medication form for the brand and strength of insect repellent you provide.

- I authorize Wisconsin Youth Company staff to apply insect repellent to my child.
I authorize Wisconsin Youth Company staff to allow my child to self-apply insect repellent.

SPECIAL HEALTH INFORMATION: (Continue on separate sheet if needed.)

1. Check any special medical condition that your child may have:

- No specific medical condition Asthma Diabetes Epilepsy / Seizure Disorder
Gastrointestinal or feeding concerns including special diet and supplements Cerebral Palsy / Motor Disorder
Cognitively Disabled, LD, ADD, ADHD, Autism, or other Emotional/Behavioral concerns - Specify:

Milk Allergy (Attach a statement from the medical professional indicating the acceptable alternative.)

Other Food Allergies (non-milk) - Specify:

Non-Food Allergies – Specify:

Other condition(s) requiring special care – Specify:

2. Triggers that may cause problems – Specify:

3. Signs or symptoms to watch for – Specify:

4. Does your child need any accommodations?

5. Activities from which child should be exempt due to medical reasons:

6. Medications (prescribed and over-the-counter) your child takes regularly between the hours of 6:30 a.m. and 6:00 p.m. Please list the name of medication and the time of day to be administered. *(If medications are necessary during program hours, a copy of the authorization to administer medication form must be completed and submitted to the administrative office. Forms are available at the administrative office or at program location.)*

7. Identify any child care staff to whom you have given specialized training/instructions to help treat symptoms.

8. When to call parents regarding symptoms or failure to respond to prescribed treatment:

9. When to consider that the condition requires emergency medical care or reassessment:

10. Does your child wear glasses, contacts, protective gear or hearing aids? *Specify:*

11. Additional information that may be helpful to the Wisconsin Youth Company staff:

In the event my child becomes ill or injured, I understand every effort will be made to reach me or an emergency contact person on file. I give my consent for Wisconsin Youth Company to act on my behalf to obtain emergency care and treatment if it is deemed necessary.



Parent / Guardian Signature: _____ Date: _____

SITE USE – REVIEW DATES _____

IMMUNIZATION HISTORY:

List the **MONTH, DAY AND YEAR** the child received each of the following immunizations. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

VACCINATIONS (DATES)	1ST	2ND	3RD	4TH	5TH
DTP Diphtheria, Tetanus, Pertussis					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B) (Required only if child is under the age of 5)					
Hepatitis B					
Pneumococcal Conjugate Vaccine (PCV)					
Measles, Mumps, Rubella (MMR)					
Varicella (Chicken Pox)					

Has the child had Varicella (chickenpox) disease? If yes, (Vaccine not required.) Year: _____ If no or unsure (Vaccine required.)

COMPLIANCE DATA AND WAIVERS

IF THE CHILD MEETS ALL REQUIREMENTS sign at arrow below and return this form to Wisconsin Youth Company, OR
IF THE CHILD DOES NOT MEET ALL REQUIREMENTS check appropriate box below, sign and return this form to Wisconsin Youth Company.


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 the child **WITHIN ONE YEAR** and to notify Wisconsin Youth Company in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the Wisconsin Youth Company may result in court action against the parents and a fine up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations, *(List in chart above any immunizations already received.)*: _____
 Physician's Signature: _____

For religious reasons this child should not be immunized. *(List in chart above any immunizations already received.)*

For personal conviction reasons this child should not be immunized. *(List in chart above any immunizations already received.)*

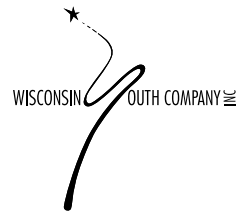
 _____
 Parent / Guardian Signature Date

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 Wisconsin Youth Company entrance. Children who reach a new age/grade level while attending this program must have their records updated with date of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months – 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16months – 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib1	3 PCV2	2 Hep B	1 MMR3	
2 years – 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib1	3 PCV2	3 Hep B	1 MMR3	1 Varicella
At Kindergarten	4 DTP/DTaP/DT	4 Polio			3 Hep B	2 MMR3	2 Varicella

- If 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).
- If 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.
- MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the first birthday is also acceptable).
- Children 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).

ENROLLMENT INFORMATION SECURITY FORM (REQUIRED FOR EVERY PROGRAM REGISTRATION)



Child's Name _____

The security of your enrollment information is important and we've taken steps to help keep it secure. When enrolling your child, you are required to create a unique password and answer at least one security question listed below. This verification is REQUIRED whenever you or someone you authorize calls or emails us for information regarding your information (i.e. balance due, pick-up persons) and whenever account holders submit written requests and information updates so that we can protect your privacy and only give the information out to you or the person you designate. We can ONLY provide enrollment information when the correct PASSWORD and/or SECURITY ANSWER are provided by an authorized user. Enrollment information is not currently accessible on-line. You may only request information about your account by email or phone.

You may choose to keep your same password from previous Wisconsin Youth Company programs; however, you must confirm the password below.

ACCOUNT ACCESS PASSWORD - REQUIRED

Please give us a password and the answer to at least one of the security questions listed below.

Account Access Password _____ (Maximum: 6 characters)

Security Questions (Please answer at least one of the following.):

1. What street did you live on during high school? _____
2. Who was your childhood hero? _____
3. What is your Grandmother's maiden name? _____

ACCOUNT CONFIDENTIALITY - OPTIONAL

In order to protect your privacy, we are unable to provide information to anyone other than an account holder or authorized user. An account holder is anyone who has signed the registration agreement. Account holders are liable for the account, are able to request information, and are able make changes to the account. Authorized users are individuals authorized by the account holder to access information only. **As the account holder, you may authorize other individuals (e.g. a spouse and/or other parent) by listing their name(s) below.**

I authorize the following person(s) to be an **authorized user**, allowing him/her to access information on the account:

I authorize the following person(s) to become an **account holder**, allowing him/her to make changes to account information: **(Please note that this person must sign the registration agreement before he/she is officially considered an account holder.)**

Account Holder Name: _____



Signature: _____ Date: _____
(Account Holder)

Please read this agreement completely and carefully.



Child's Name _____

Please print.

PARTICIPATION IN PROGRAM

1. I understand my child's participation in the WYFC AFTER SCHOOL program must follow a consistent weekly schedule as indicated on the Registration Form, and that if I wish to change or withdraw my child's participation, I must submit written notification in advance to the administrative office.
2. I understand I must notify the AFTER SCHOOL attendance message center in the event my child will not attend a scheduled day and that repeated failure to notify AFTER SCHOOL of absences may result in my child's removal from the program.
3. I understand if my child has special health concerns, I have so indicated on the Health History and Emergency Care Plan Form.
4. I understand that if my child's participation in the program requires more than reasonable accommodations, whether due to special needs or behavior, my child may be removed from the program.
5. I understand that this program is made available through a grant from Madison Community Services and my child's participation is provided free of charge as long as my family remains eligible for free or reduced-price meals through the school district and lives in the grant targeted area and so long as funding for the program is available. I understand I must contact Wisconsin Youth Company if there is a change in eligibility status.

PARENTAL CONSENT

1. I give my consent for AFTER SCHOOL to act on my behalf to obtain emergency care and treatment if deemed necessary for my child.
2. I give my consent for my child's participation in any field trips scheduled as part of his/her enrollment and consent for my child to be transported to and from any scheduled program activity for which transportation is provided. I understand AFTER SCHOOL adheres to state licensing regulations and organization policy regarding supervision of children while on all trips.
7. I understand that if I give permission for my child to arrive/depart independently from his/her program site (indicate on the registration form) that I must inform the administrative office **in writing** if there are any changes in his/her arrival/departure procedures.
8. I understand that only those persons signing this agreement and providing the account password will have authority to access and make changes to this account.

I/We understand and agree to abide by the above policies.

AGREEMENT SIGNATURE

Parent / Guardian (*Circle One*) Primary Account Holder

Parent / Guardian (*Circle one*) Secondary Account Holder



Signature of Parent / Guardian (Primary Account Holder) Date



Signature of Secondary Account Holder Date

PHOTO RELEASE

I grant Wisconsin Youth Company (WYC) permission to publish my child's image in its newsletters, brochures, displays or other printed material and on its website for purposes of promoting the programs. I understand that children's names are not used when their images are displayed on our website or in widely distributed print materials. I understand that if I request, in writing, removal of my child's image from WYC'S websites, his/her image will be removed no later than 15 days from receipt of my request. Also, I release WYC, its employees, officers, directors and successors from any liability or claim related to the publication or disclosure for which I have hereby granted permission. I understand that the consent I grant here is completely voluntary.

- Yes, I accept the photo release. No, I do not accept the photo release.



Signature of Parent / Guardian _____ Date _____



2011-2012 Youth Membership Form
Greater Elver Park Community Program
 offered through the Wisconsin Youth & Family Center

1201 McKenna Blvd.
 Madison, WI 53719
 608-276-9782

This form is for registration of specific programs, and allows participants access to the Wisconsin Youth & Family Center shuttle bus for transportation at Wisconsin Youth & Family Center. In order to attend specific programs, your child must be enrolled with the participating organizations. Only one participant per form, please.

Participant's Name (First, Middle, Last) _____ Birthdate _____ Age _____ Gender _____

School attending in Fall 2011 _____ Grade in Fall 2011-12 _____

My child attended the 2010-11 AFTER SCHOOL program? ____ Yes ____ No

My child attended the 2010-11 AFTER SCHOOL Summer program? ____ Yes ____ No

Participant resides with: _____ Mother _____ Father _____ Guardian

State statutes require any child under the age of 8 years old and under 80 lbs. be transported in a booster seat while in any vehicle with seat belts. My child weighs less than 80 lbs.
 ____ Yes ____ No

Primary Account Holder - Mother / Father / Guardian (Circle one.) _____

Secondary Contact Person - Mother / Father / Guardian (Circle one.) _____

Address _____

Address _____

City/State/Zip _____ Home Phone _____

City/State/Zip _____ Home Phone _____

Cell Work Home

Cell Work Home

Work Phone _____ Cell Phone _____ Best Phone # During Program Hours _____

Work Phone _____ Cell Phone _____ Best Phone # During Program Hours _____

Best Location/Address During Program Hours _____

Best Location/Address During Program Hours _____

E-mail Address _____

E-mail Address _____

Agreement - Signature Required

By signing below, I agree to the following:

1. I understand that this membership registration is required for listed participant to access the Greater Elver Park Community programs offered through the Wisconsin Youth & Family Center.
2. I understand that use of the facilities is limited to the hours of the programs for which participant is registered.
3. I understand the first twenty days of attendance in any Youth and Family Center program are probationary.
4. I understand I may change participant's schedule by giving advance written notice to the program provider and the Wisconsin Youth & Family Center.
5. I give permission for me or my child to appear in any media coverage approved by Wisconsin Youth Company, Inc.

Primary Account Holder - Please Print Name _____

Secondary Account Holder - Please Print Name _____

 Signature of Primary Account Holder Date

 Signature of Secondary Account Holder Date



Shuttle Authorization Form School Year 2011-2012

We are happy to offer transportation via the Wisconsin Youth & Family Center community shuttle. Use of the shuttle will be limited to the shuttle's normal schedule. Additionally, your student's acceptable behavior and compliance with the vehicle safety rules will determine continued eligibility. It is necessary to complete this form for your student to ride the shuttle to and from the Wisconsin Youth & Family Center. If you have questions or need more information please call the administrative office at 276-9782 ext. 10. Your child will be responsible for following the vehicle safety rules while being transported to and from the center.

Vehicle Safety Rules

1. Be respectful
2. Wait calmly (for pick-ups and drop-offs)
3. Always sit on the bus/sit down immediately
4. Use your inside voices
5. Wear your seatbelt at all times
6. No food or drink on bus
7. Listen to driver

Arrival:

Indicate below if your child will use the shuttle pick-up service from Falk school:

- Pick-up shuttle – Falk school; at dismissal

Departure (All families must choose one departure option below):

Indicate below if your child will use the shuttle drop off service. Indicate the time, day(s) and location drop-off:

- Drop-off shuttle (when the shuttle will leave WYFC): _____ 5:00 p.m. or _____ 5:30 p.m.

Choose the days your child will use the shuttle:

- Monday Tuesday Wednesday Thursday Friday

Choose the location your child will use: (Drop off times indicated are approximate; please arrive early to pick up your child as the bus driver cannot wait. **Requests for other location cannot be granted.**)

- Crossings (1124 Morraine View Dr.) 5:05 / 5:35
- Park Edge/Georgetown Ct. 5:10 / 5:40
- Willow Pointe (6773 Schroeder Rd.) 5:15 / 5:45
- Betty's Lane/Theresa Terr. 5:20 / 5:50
- My child will not participate in the WYFC shuttle. My child is to wait for an authorized pick up.

If my child will not be riding the shuttle on a scheduled day, I understand it is my responsibility to contact the administrative office at 276-9782 in advance. I understand the use of the shuttle service is dependent on acceptable behavior including compliance with WYFC vehicle transportation rules.

I understand that after the program my child will be dropped off at the selected neighborhood location at the approximate time indicated and it is my responsibility to meet my child at that time.

Account Holder - Please Print Name



Signature of Account Holder

Date

AFTER



SCHOOL

a WISCONSIN YOUTH COMPANY program

**Free or Reduced Price Meal
Eligibility Verification
Wisconsin Youth & Family Center Location
2011-2012 (Valid for one year, September – August.)**

The Wisconsin Youth Company offers an AFTER SCHOOL program free of charge for families qualifying for free or reduced meals and living in the Greater Elver Park Community. This eligibility form must be verified by your child's school office. This program is funded in part through a grant from Madison Community Services.

Completed verification forms, including signed eligibility statements, should be returned to:

AFTER SCHOOL
Wisconsin Youth & Family Center
1201 McKenna Blvd.
Madison, WI 53719

If you have any questions regarding this application please contact the administrative office at 608-276-9782 or 800-238-1174.

AFTER



SCHOOL

a WISCONSIN YOUTH COMPANY program

Free or Reduced-Price Meal Verification

This eligibility statement must be verified by your child's school office and remains valid from September 1, 2011 through August 31, 2012.

Child's Name _____

Parent's (Guardian) Name _____

Address _____

City/State _____ Zip _____

Daytime Phone # _____

School Child Attends _____ Grade _____

Documentation of Eligibility: **The attached statement affirms my child's current eligibility for:**

reduced-price meals

free meals

I certify that this information is correct and complete to the best of my knowledge.

Parent or Guardian Signature

Date

Office Use Only:

_____ Approved

_____ Date

_____ Amount of Funding



Reduced/Free Meal Eligibility Statement

a WISCONSIN YOUTH COMPANY program

I, _____, request verification of
Parent's or Guardian's full name – Please print

_____'s current eligibility for the
Student's full name – Please print

free / reduced priced meal program through his/her school.

School student attends

I hereby authorize the _____ School District to release this information to AFTER SCHOOL. This authorization is valid September 2011 through August 2012.

Parent/Legal Guardian Signature

Date Signed

This part must be completed by a representative at your student's school.

For School Use Only

Date _____

The student named above:

is eligible for reduced meals

is eligible for free meals

School stamp or signature & title of school representative

Printed name of representative

AFTER SCHOOL

Your Guide to Licensed Child Care

Your summary of the child care rules



To order additional copies of this brochure, contact the Child Care Information Center (CCIC) at 1-800-362-7353



State of Wisconsin
Department of Children and Families

DCF-P-2436
03/09

<http://dcf.wisconsin.gov/>

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education
Bureau of Early Care Regulation

TYPES OF LICENSED CHILD CARE PROGRAMS

Family child care centers

A program regulated under DCF 250 where a person provides care and supervision for less than 24 hours per day for at least 4 and not more than 8 children who are not related to the provider.

Age groups may be mixed according to the following combinations. Additional allowed school-aged children in care for 3 or fewer hours per day are shown in parentheses.

Children Under Age 2		Children Age 2 and Older		School Age Children	Maximum Group Size
0	+	8	+	(0)	8
1	+	7	+	(0)	8
2	+	5	+	(1)	8
3	+	2	+	(3)	8
4	+	0	+	(2)	6

Group child care centers

A program regulated under DCF 251 where a person for less than 24 hours per day provides care and supervision for 9 or more children who are not related to the provider.

Age of Children	Staff-To-Child Ratio*	Maximum Group Size
Birth to 2 yrs	1:4 or .25	8
2 yrs to 2½ yrs	1:6 or .167	12
2½ yrs to 3 yrs	1:8 or .125	16
3 yrs	1:10 or .10	20
4 yrs	1:13 or .077	24
5 yrs	1:17 or .059	34
6 yrs and over	1:18 or .056	36

* These ratios are adjusted for mixed age groups

Day camps for children

A program regulated under DCF 252 that provides care and supervision to 4 or more children, 3 years of age and older, in a seasonal program oriented to the out-of-doors for periods less than 24 hours per day.

A WORD ON WISCONSIN CHILD CARE REGULATIONS

Anyone providing care and supervision for 4 or more children under age 7 years for less than 24 hours a day must be licensed by the Department. Exceptions to this rule are:

- A parent, grandparent, greatgrandparent, stepparent, brother, sister, first cousin, nephew, niece, uncle, or aunt of a child, whether by blood, marriage, or legal adoption, who provides care and supervision for the child.
- Public and parochial schools.
- Care provided in the home of the child's parent for less than 24 hours per day.
- Counties, cities, towns, school districts and libraries that provide programs for children primarily intended for social or recreational purposes.
- A program that operates not more than 4 hours per week.
- Group lessons to develop a talent or skill such as dance or music, social group meetings and activities, group athletics.
- A program where the parents are on the premises and are engaged in shopping, recreation or other non-work activities.
- Seasonal programs of ten days or less duration in any 3-month period, including day camps, vacation bible school and holiday child care programs.
- Emergency situations.
- Care and supervision for no more than 3 hours a day while the parent is employed on the premises.
- A program provided where the child of a recipient of temporary assistance to needy families, or Wisconsin works, is involved in orientation, enrollment or initial assessment or where parents are provided training or counseling.

Regulations set standards for adequate child care, but they cannot guarantee quality care. That is why parent involvement is so crucial.

WHAT IS QUALITY CHILD CARE?

That question has no easy, quick answer. Evaluating child care may seem an overwhelming task, especially if you are new to child care services. This checklist can help. For a thorough evaluation, go through the entire checklist section by section, or, if you prefer, focus on the parts that seem most important to you.

Caregivers

- Do they genuinely seem to enjoy working with young children?
- Do they seem to be warm, loving people?
- Do they talk with you openly and straightforwardly about their policies?
- What training and experience do they have? Do they receive regular, ongoing job-related training?
- Do they seem to get along well with each other?

Caregiver / Child Interaction

- Do they get down to the child's eye level when talking to or listening to the children?
- Do they encourage the children to express their feelings verbally?
- Do they encourage children to work out negative feelings without hurting others?
- Do they respect individual differences among the children?
- Do the child guidance measures focus on what the child should do rather than what the child should not do?
- Do they set reasonable limits and allow children to make choices when appropriate?
- Do they provide guidance with words, tone of voice and actions that show respect for children? Note: See licensing rules for prohibited punishments.
- Do they show patience by letting children do things for themselves and exert their independence?
- Do the children seem comfortable when talking to the caregivers?
- Do the children seem happily occupied and relaxed?
- Does the ratio of children to caregivers meet state requirements (see next page)?

PHYSICAL ENVIRONMENT

- Are the play areas clean and large enough so children can move freely and safely?
- Is the playground safe and supervised by an adult?
- Is play equipment sturdy and in good repair?
- Are games, toys, etc. stored where the children can get to them?
- Are wall displays placed at child's eye level?
- Are unused electrical sockets covered with safety caps?
- Are cleaning fluids, medications, poisons, sharp tools, matches, etc. stored away from children?
- Is the area free of other hazards: peeling paint, exposed electrical wires, uncovered hot water pipes, unprotected hot radiators or heaters?
- Are fire safety and tornado drills practiced?
- Are emergency telephone numbers posted by the telephones?
- Is there adequate heat, ventilation and lighting?
- Are bathrooms clean and sanitary?
- Are footstools in the bathrooms to help young children reach toilets and sinks?

PROGRAM / ACTIVITIES

- Is there a regular daily schedule? Is it organized without being rigid?
- Are activities geared for different age and developmental levels?
- Are there indoor and outdoor activities?
- Is time provided for physical activity and quiet play?
- Is there a nap or rest period?
- Are there structured activities as well as free play when children can choose what to do?
- Are there opportunities for different types of interactions—large group play, small group play, alone time?
- Are there materials for different types of play—drama, music, creative movement, language skills, gross and fine motor skills, art projects, sand and water play?

PROGRAM / ACTIVITIES (continued)

- Are there living plants for children to observe and care for?
- Are there pets in areas of the center accessible to children? Have pets been appropriately vaccinated? Are pets tolerant of children? Is close supervision provided?
- Are the children taken out into the community for activities—parks, libraries, museums, field trips? Is there adequate supervision?

TRANSPORTATION

- Does the center's policy address insurance coverage for transportation?
- Are vehicles in safe operating condition?
- Are appropriate individual child car safety seats and booster seats used?
- Does the center have a procedure to ensure that no child is left unattended in a vehicle?

GENERAL THINGS TO LOOK FOR

- Is the license certificate posted?
- Are visits by the parents, whether announced or unannounced, welcome at any time?
- Are there opportunities for parent / caregiver communication?
- Is this the kind of place you would enjoy spending your day?
- Are the results of the most recent licensing visit posted?
- Do staff and children wash their hands before meals and after toileting or diapering?
- Are meals and snacks well balanced and wholesome?
- Is the food preparation area clean and sanitary?
- Are menus posted?

IF YOU HAVE QUESTIONS, CONCERNS OR COMPLAINTS

First, talk to your child's caregiver and try to work out your differences. If those attempts fail, and you feel the caregiver is violating a state licensing regulation, contact the appropriate regional office.

REGIONAL OFFICES

Northeastern Regional Office

200 N. Jefferson, Ste. 411
Green Bay, WI 54301
Gen: (920) 448-5312
plicbrlnro@dhs.state.wi.us
Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Ozaukee, Shawano, Sheboygan, Waupaca, Waushara, Winnebago, Washington

Northern Regional Office

2187 N. Stevens St., Ste. C
Rhinelander, WI 54501
Gen: (715) 365-2500
plicbrlnro@dhs.state.wi.us
Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, Wood

Southeastern Regional Office

141 NW Barstow, Rm. 104
Waukesha, WI 53188-3789
Gen: (262) 521-5100
plicbrlsero@dhs.state.wi.us
Kenosha, Milwaukee, Racine, Waukesha

Southern Regional Office

P.O. Box 8947
Madison, WI 53708-8947
Gen: (608) 266-2900
plicbrlsro@dhs.state.wi.us
Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Jefferson, Juneau, LaFayette, Richland, Rock, Sauk, Walworth

Western Regional Office

610 Gibson St., Ste. 2
Eau Claire, WI 54701-3696
Gen: (715) 836-2185
plicbrlwro@dhs.state.wi.us
Barron, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, La Crosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau, Vernon, Washburn