AFTER SCHOOL

MIDDLETON
Spring 2012

All Day Programs

Attached is a registration form for the all day programs offered by AFTER SCHOOL during the spring semester. You may choose to enroll your child for any or all days offered. Completed registration forms will be accepted only through the administrative office, 1201 McKenna Blvd., Madison, on a first come, first served basis, as space permits.

All Day Programs - $40.00 Early Bird Rate - if received more than 10 business days in advance of the program date
$50.00 if received within 10 business days of the program date

All day programs are offered to families during several scheduled non-school days. Programs are available from 7:30 a.m. until 5:45 p.m. Children must bring a bag lunch not needing refrigeration or microwaving each day of program. A beverage will be served with lunch and a snack will be served in both the morning and afternoon.

All day program dates	*Early Bird $40 - register by*	*$50 - deadline is noon on*
Monday, January 16	January 2	January 12
Monday, January 23	January 9	January 19
Monday, March 26	March 12	March 22
Tuesday, March 27	March 13	March 23
Wednesday, March 28	March 14	March 26
Thursday, March 29	March 15	March 27
Friday, March 30	March 16	March 28

- Programs are offered at Elm Lawn Elementary, 6701 Woodgate Rd., Middleton.
- Programs are offered at Wisconsin Youth Company, 1201 McKenna Blvd., Madison

Full payment must be included for each day requested. The registration deadline is noon two business day prior to the program. No registrations will be accepted after the 12:00 pm deadline. Enrollment is limited. You will be notified by phone if space is not available for your child. Enrollment must be confirmed before your child may attend a program. If faxing registration, a credit card payment must be included.

No refund or fee transfer for withdrawal or absence.

Programs will be cancelled if enrollment minimum is not met two weeks prior to program date.

AFTER SCHOOL is a program of Wisconsin Youth Company, Inc.
1201 McKenna Blvd., Madison, Wisconsin 53719 • 608-276-9782 • 1-800-238-1174
Fax: 1-608-276-4050

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All day programs fees are $50 ($40 early bird); per child, per day, if your child regularly attends AFTER SCHOOL programs. Enclose full payment **made payable to AFTER SCHOOL.** Enrollment is limited. Enrollment minimum must be met two weeks prior in order to offer these program dates. We will notify you by phone if space is not available for your child. **Early bird discount given when enrollment is received more than 10 business days in advance of program date. No registrations will be accepted after noon two business days prior to program date.**

☐ **Mon., Jan. 16** **All Day:** Early Bird: $40/child Regular Enrollment: $50/child ***WYC***	☐ **Mon., Jan. 23** **All Day:** Early Bird: $40/child Regular Enrollment: $50/child ***Elm Lawn***			
☐ **Mon., Mar.26** **All Day:** Early Bird: $40/child Regular Enrollment: $50/child ***Elm Lawn***	☐ **Tues., Mar. 27** **All Day:** Early Bird: $40/child Regular Enrollment: $50/child ***Elm Lawn***	☐ **Wed., Mar. 28** **All Day:** Early Bird: $40/child Regular Enrollment: $50/child ***Elm Lawn***	☐ **Thurs., Mar. 29** **All Day:** Early Bird: $40/child Regular Enrollment: $50/child ***Elm Lawn***	☐ **Fri., Mar. 30** **All Day:** Early Bird: $40/child Regular Enrollment: $50/child ***Elm Lawn***

PLEASE COMPLETE ALL INFORMATION BELOW.

First Child's Name _____ Grade _____ Second Child's Name _____ Grade _____

School Year Program Site _____ School Year Program Site _____

Third Child's Name _____ Grade _____ Fourth Child's Name _____ Grade _____

School Year Program Site _____ School Year Program Site _____

☐ My child(ren), _____ requires medication or has specific health concerns during the program hours (7:45 am - 6:00 pm). Families will be contacted for additional information.

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

- If **emergency care** is deemed necessary for my child and I cannot be reached, I authorize the AFTER SCHOOL staff to act on my behalf in helping my child obtain medical care.
- I give permission for my child to participate in ALL activities, including announced field trips, if scheduled, for the above date(s).
- I give permission for my child to be transported to and from any scheduled activity for which transportation is provided.
- I understand that all day program fees are **non-refundable and non-transferable**, and that, if I cancel, I remain liable for full program fees.

➡ _____ Signature of Parent / Guardian (Account Holder) _____ Date

OFFICE USE ONLY $ _____ Chk # _____ Date _____ Received by _____