



1800 Dolphin Drive, Suite 200
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Merton Drop-In Registration 2009-2010

AFTER SCHOOL provides programs for school age children from kindergarten age through early adolescence. Participants in the program include boys and girls of all races, ethnic groups, economic situations and abilities.

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. The programs are administered by qualified, caring adults who recognize the needs of children and the varied levels of development.

Drop-In registrants are not considered to be regularly enrolled and do not receive priority registration consideration. Children registered with AFTER SCHOOL through the Drop-In option may not schedule a Drop-In day more than two weeks in advance of the day(s) they wish to attend, including All-Day and Winter or Spring Break Programs. Parents who have children regularly enrolled in an AFTER SCHOOL school-year program receive priority registration consideration until two weeks prior to a scheduled Special Program. At that time, registration is extended to other interested parents on a space available basis.

All necessary materials required for AFTER SCHOOL Drop-In Registration are enclosed. **Separate forms must be completed for each child you wish to enroll regularly.**

DROP-IN RATES FOR AFTER SCHOOL 2009-2010 SCHOOL YEAR	
Before School Offered from 6:30 a.m. until the beginning of the school day.	\$11.50 per child, per day
BOOST AFTER SCHOOL Children grades K – 2, offered from school dismissal until 6:00 p.m.	\$13.50 per child, per day
Club Program Children grades 3 and up, offered from school dismissal until 6:00 p.m.	\$13.50 per child, per day
Half-Day Program Various locations, call for availability.	\$30.00 per child, per day
All-Day Program Located at Merton or Brandybrook. Program hours 7:00 a.m. - 6:00 p.m.	\$55.00 per child, per day
Winter or Spring Break Programs* Limited availability, call office for availability. Program hours 7:00 a.m. - 6:00 p.m.	\$55.00 per child, per day

* Registration deadline for All-Day and Break Programs is noon one business day prior to the program date. Children must bring a bag lunch (not requiring refrigeration); a beverage will be served. See program dates and locations for Fall semester on reverse side.

**Merton Fall Semester
Half-Day, All-Day and Winter Break Program Calendar**

Fall Half-Day Program - \$30/child/day

<u>Date</u>	<u>Location*</u>
Friday, November 6	Merton Primary
Wednesday, November 25	Merton Primary

Fall All-Day Programs - \$55/child/day

<u>Dates</u>	<u>Location*</u>
Thursday, October 29	Merton Intermediate
Friday, October 30	Merton Intermediate
Friday, November 13	Merton Intermediate

Winter Break Program - \$55/child/day

December 21 – January 2 Location to be announced.

Enrollment and payment must be received by the Administrative Office prior to child's attendance. Registration deadline is noon one business day prior to the program. Enrollment is limited. Cancellations will result in the loss of fees.

Spring Semester schedule will be available in December. Please call our Administrative Office for information.

*Program Location Address (subject to change):

Merton Primary W28460 Sussex Rd., Merton

DROP-IN REGISTRATION FORM

2009-2010 Program Year



If preprinted, please indicate any new information below by writing in corrections.

Child's Name (First, middle, last) _____

Birthdate _____

Age _____

Sex _____

Grade in Fall 2009 _____

School attending _____

Program location _____

My child attended the 2008-2009 AFTER SCHOOL 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. My child is less than 80 lbs: No Yes

Child resides with: Mother Father Guardian

Parent/Guardian _____

Parent/Guardian _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Day Phone _____

Home Phone _____

Day Phone _____

Home Phone _____

E-Mail Address _____

E-Mail Address _____

Name of Workplace/Complete Address _____

Name of Workplace/Complete Address _____

Departure Authorization:

My child's departure is to be as follows (please inform your child's program supervisor in writing of any changes).

- My child may depart independently from the afternoon program for which he/she is registered. Departure time _____
- My child is to wait for authorized pick-up.

Individuals authorized to pick up my child (other than registered parents):

Any changes to authorized pick-up list must be made in writing to the administrative office. Authorized pick-up persons may be asked to present photo id.

Name	Day Phone	Complete Address	Relationship to Child
1. _____			
2. _____			

DIRECTIONS: Indicate below, the program options you are likely to request for your child. Drop-in attendance is on a space available basis and must be confirmed by the Administrative Office. **Drop-in attendance may be scheduled up to two weeks in advance.** Not all programs are available at each site.

BEFORE SCHOOL

- BOOST Grades K-2
- CLUB Grades 3 & up

AFTER SCHOOL

- BOOST Grades K-2
- CLUB Grades 3 & up

SPECIAL PROGRAMS Grades K & up

- ALL-DAY PROGRAM
- HALF-DAY PROGRAM
- WINTER or SPRING BREAK PROGRAM

AMT PD: _____

CK# _____

DATE RECEIVED: / /

DATE CONFIRMED: / /



HEALTH HISTORY AND EMERGENCY CARE PLAN

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 AFTER SCHOOL.**

CHILD INFORMATION:

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

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

Please fill in the child's vaccination dates below:

VACCINATIONS (DATES)	1ST	2ND	3RD	4TH	5TH
DTP Diphtheria, Tetanus, Pertussis					
Poliomyelitis (oral Sabin)					
Hib					
Hepatitis B					
MMR Measles, Mumps, Rubella					
Varicella (Chicken Pox) Or approximate date of disease					

PARENT / GUARDIAN INFORMATION: Provide information where the parent(s) / guardians(s) can be reached while the child is in care.

Name of Parent / Guardian 1 Home Phone Number Work Phone Number Cell Phone Number

Name of Parent / Guardian 2 Home Phone Number Work Phone Number Cell Phone Number

EMERGENCY CONTACT INFORMATION: A minimum of two emergency contacts other than parents is required. **Emergency contacts must be at least 18 years old and be available at the listed number during program hours.**

Name of Emergency Contact 1 Day Phone Number Complete Address Relationship to Child Auth. Pickup

Name of Emergency Contact 2 Day Phone Number Complete Address Relationship to Child Auth. Pickup

PHYSICIAN / MEDICAL FACILITY INFORMATION:

Name of Physician Name and Address of Medical Facility Phone Number

Please complete rest of Health History and Emergency Care Plan on the back of this form.

SPECIAL HEALTH INFORMATION (Be specific) *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

Emotional / Behavior Disorder including ADD or ADHD or other Mental Health concerns or diagnosis – Specify:

Other condition(s) requiring special care – Specify:

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 AFTER SCHOOL staff should follow. If medications are necessary, a copy of the authorization to Administer Medication must be completed and submitted to the site supervisor. Forms are available at the office or site.

- a.
- b.
- c.

5. Medications your child takes regularly outside of program:

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

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

8. Additional information that may be helpful to the AFTER SCHOOL 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 AFTER SCHOOL to act on my behalf to obtain emergency care and treatment if it is deemed necessary.

Signature – Parent or Guardian

Date Signed

SITE USE - REVIEW DATES



Drop-In Registration Agreement 2009-2010

Child's Name _____ Child's School _____

ATTENDANCE

1. I understand that Drop-In attendance is on a space available basis. I may request Drop-In attendance through the Waukesha or Dane County Administrative Office up to two (2) weeks in advance.
2. I understand I must receive confirmation from the Administrative Office prior to sending my child to an AFTER SCHOOL program.
3. I understand I must contact an AFTER SCHOOL Regional Administrative Office in the event my child will not attend a confirmed day.
4. I understand if my child has special needs, I have indicated them on the Health History Form.
5. I understand that if my child requires an unusual amount of attention, whether due to special needs or behavior, my child may be removed from the program.

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 agency policy regarding supervision of children while on all trips.
3. I understand there is a greater risk in having my child participate in AFTER SCHOOL swimming activities. However, I feel the added risk is acceptable because of the benefits to my child and agree to absolve AFTER SCHOOL of any greater responsibility by virtue of my child's participation in swimming activities.
4. I give permission for my child to appear in any media coverage approved by AFTER SCHOOL.
5. I understand that only those persons signing this agreement will be acknowledged Account Holders, having full account access. I understand that Account Holder(s) may designate additional Authorized User(s) who may receive account information, but not make any changes to account on registration information.

PAYMENT OF FEES

1. I agree to make full payment for days my child is confirmed to attend. I understand full payment is due upon registering my child for any days and that an overdue balance may affect future program availability.
2. I understand there is no fee reduction for unattended confirmed days.
3. I understand if I am receiving tuition assistance, I am responsible for any amount not paid by my funding source. Written verification from the funding source **must** be on file in the Administrative Office prior to confirmation of my child's enrollment. My funding source is _____

Contact person: _____ Phone number _____

4. I understand a billing fee of \$10.00 will be assessed for payments not received within 2 weeks after my child's scheduled attendance.
5. I understand a \$25.00 charge is assessed for each Non-Sufficient-Funds (NSF) check.
6. I understand for each fifteen (15) minutes, or portion thereof, my child stays past closing time, I will be assessed a \$10.00 late pick up fee.

AGREEMENT SIGNATURE

Print Name of Parent or Guardian

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Social Security Number

Social Security Number



ACCOUNT SECURITY FORM

Child's Name _____

Please read carefully and print clearly where applicable. Answers should be the same for each child on the account. Account Access Password, at least one security question answer, and signature are required.

ACCOUNT CONFIDENTIALITY

In order to protect your privacy, we are unable to provide account access 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 on the account. **As the Account Holder, you may authorize other individuals (e.g. a spouse and/or Parent 2) 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:

- 1. _____ Signature _____
- 2. _____ Signature _____

I authorize the following person(s) to be 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.)**

- 1. _____ Signature _____
- 2. _____ Signature _____

ACCOUNT ACCESS PASSWORD

Account Holders/Users requesting information or intending to make changes on an account are required to provide their Account Access Password. If a password cannot be provided, a security question will be asked so we may retrieve and provide the password. **Please provide us with an Account Access Password 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. What was the make of your first car? _____
- 3. What is your Grandmother's maiden name? _____

Signature _____ Date: _____ Signature _____ Date: _____
(Parent 1) (Parent 2)



ACCOUNT SECURITY FORM

Child's Name _____

Please read carefully and print clearly where applicable. Answers should be the same for each child on the account. Account Access Password, at least one security question answer, and signature are required.

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Signature _____ Date: _____ Signature _____ Date: _____
(Parent 1) (Parent 2)