

School Year 2009-2010

Thank you for your interest in AFTER SCHOOL and the Wisconsin Youth Company. We hope that we will be able to meet your school year program needs and the interests of your child in an after school environment that is safe and challenging, nurturing and engaging.



The enclosed registration packet includes a Site Information Sheet and Fee Schedule, Registration Form, Health Form, Registration Agreement, Check List, and Account Security Form for Registration. When registering, please be sure to complete and return the **Registration Form, Health Form, Registration Agreement,** and the **Account Security Form** along with the required fees as noted on the checklist. Registration for new families begins July 10.

Please note that the fees listed are monthly fees. You may choose to pay the month in full at the beginning of each month, or pay half the monthly amount on the first and sixteenth of each month. Each enrolled family will receive a parent handbook covering all aspects of our AFTER SCHOOL programs, including program policies.

For families wishing to access the program on an irregular or infrequent basis or only on non-school days, AFTER SCHOOL offers Drop-In enrollment as an option. Please note that families enrolled on a Drop-In basis are not guaranteed program availability. Once registered, Drop-In attendance may be requested two weeks in advance of a desired program date and will be approved based on availability. Forms for Drop-In care become available the first week of October. Drop-In program options are not available during the first month of school in the interest of creating and maintaining program stability. Please contact the office to request forms if you are interested in the Drop-In option.

1800 Dolphin Drive, Suite 200
Waukesha, Wisconsin 53186
262-547-8770
800-552-8878
Fax 262-547-0394

To ensure that all children registering in our programs are safe and accounted for, written confirmation is required prior to attendance. Due to the high volume of registrations received over the summer, registering after August 15th may delay your child's start in the program until the 2nd week of school or later.

1201 McKenna Boulevard
Madison, Wisconsin 53719
608-276-9782
800-238-1174
Fax 608-276-4050

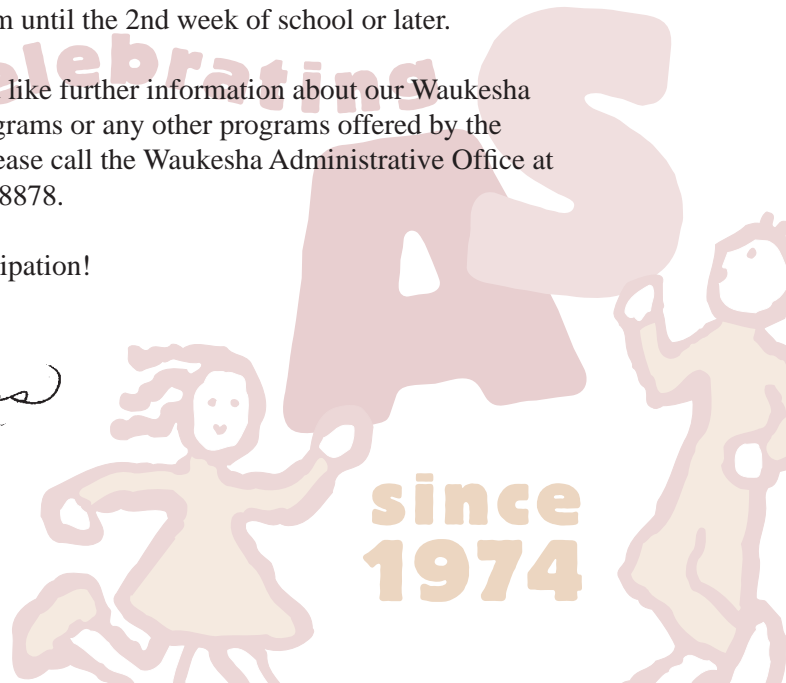
If you have questions or would like further information about our Waukesha County AFTER SCHOOL programs or any other programs offered by the Wisconsin Youth Company, please call the Waukesha Administrative Office at 1-262-547-8770 or 1-800-552-8878.

We look forward to your participation!

Sincerely,

A handwritten signature in black ink that reads "Ginny Phillips". The signature is written in a cursive, flowing style.

Jinny Phillips
Waukesha Region Registrar





a WISCONSIN YOUTH COMPANY program

MERTON

2009-2010 Programs

AFTER SCHOOL is a program of the Wisconsin Youth Company, Inc., a private, non-profit organization providing programming for children 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.

Both before and after the school day, **AFTER SCHOOL** offers three programs at Merton Elementary that provide challenging and age appropriate activities.

Kindergarten Wrap provides an extension of the day for children in the 4K program at Merton Primary. The **Kindergarten Wrap** program is offered both morning and afternoon, providing a smooth transition for 4 year old kindergarteners. 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 third grade and older. Children registered in **Club** programs are also registered in 4-H, allowing the opportunity to engage in building their own experiences in new and developing interest areas.

Kindergarten Wrap, Boost and Club programs are offered on all school days, Monday through Friday, from 6:30 a.m. until the school day begins, and from school dismissal until 6:00 p.m. Children may be registered to attend **AFTER SCHOOL** one, 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, one and two day registrants have the option of increasing their enrollment or withdrawing from the program, should capacity be reached.

On scheduled half-days of school and non-school days, **AFTER SCHOOL** offers Special Programs at various district locations. Enrollment for Special Programs is limited and requires separate registration. All registered families receive Special Program information and registration materials with their payment coupon mailing.

All necessary materials required for **AFTER SCHOOL** registration are enclosed. Separate forms must be completed for each child you wish to enroll. After an initial registration period for returning families, registrations are processed in the order they are received. Children may begin to attend the program when a confirmation that the registration process is complete has been received.

Site Information & Fee Schedule

MERTON

AFTER SCHOOL Program Fees

2009-2010 Programs

ANNUAL REGISTRATION FEES	
One child	\$50.00
Two or more children	\$70.00

MONTHLY FEES*					
<i>Based on weekly enrollment</i>					
	5 DAYS	4 DAYS	3 DAYS	2 DAYS	1 DAY
Before School (per child)	\$166.00	\$140.50	\$110.00	\$79.00	\$42.00
Kindergarten Care 8:40 a.m. - 1:00 p.m. 12:00 p.m. - 3:50 p.m.	\$350.00	\$295.50	\$233.00	\$165.50	\$89.00
After School or Club 1st child	\$194.00	\$163.00	\$129.00	\$91.00	\$48.50
Each additional child	\$164.50	\$136.50	\$109.00	\$77.50	\$42.00

A 10% discount will be given to families wishing to combine Morning Kindergarten Care and Before School or Afternoon Kindergarten Care and After School.

* **Payments are due on the first of each month, or may be submitted in two equal payments on the first and sixteenth.** Financial assistance may be available through Waukesha County Social Services. Limited scholarship funds may also be available through AFTER SCHOOL. Parents have the responsibility for initiating financial assistance requests.

** **Three, four, and five-day enrollments have priority throughout the school year.** In order to protect their enrollment, one and two-day registrants have the option of increasing their enrollment or they may withdraw from the program should capacity be reached.

AFTER SCHOOL

A program of Wisconsin Youth Company, Inc.
CHECK LIST FOR REGISTRATION

Please follow the check list below to complete your child's registration packet for the 2009-10 school year program.

REGISTRATION FORM

- Complete entire form if new to program. All contact information must be complete with street address, city and phone numbers.
- If pre-printed, review the Registration Form for each child you enroll; update information as necessary. If authorizing your child to walk home, please indicate departure time on the registration form.
- Circle the days of attendance for each program you want your child to attend.
- By registering your child in a before or after school Club program (for children third grade or older), you are also registering them for 4-H; please note the additional information requested by 4-H. This is a shared form.
- Indicate the date you would like your child to begin attendance.

HEALTH FORM

- Please complete the Health Form entirely. This is a requirement of Wisconsin Department of Child & Family Services.
- A review of the Health Form is required yearly or as needed.
- If your child has special health concerns, please indicate on this form. You may be contacted for clarification in order for us to best meet the individual needs of your child.

REGISTRATION AGREEMENT

- Read thoroughly and sign a Registration Agreement for each child you wish to enroll.
- Both parents must sign agreement to have access to account information.
- 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 password will not be processed.**
- Please enter your social security number and birth date below name and signature.
- Retain the parent copy for your records.

ACCOUNT SECURITY

- Please complete the top portion of the Account Security Form with your account access password, answer to at least one account security question, and your signature.
- Designate additional Account Holder(s) or Authorized User(s) as desired.
- Complete credit card authorization, only if desired.
- If you are interested in using our automatic payment option, indicate that by checking that option on the credit card authorization or you may send in the coupon from the coupon booklet after the school year has begun.

RETURNING THE REGISTRATION PACKET

- A \$50 registration fee (\$70 for two or more children) plus one half of the monthly tuition payment for each child must accompany completed packets. Make check or money order payable to: **AFTER SCHOOL** or complete and attach the credit card authorization at the bottom of this sheet.
- Return completed registration packets and the required fees to: **AFTER SCHOOL, 1800 Dolphin Dr., Suite 200, Waukesha, WI 53186**. Registrations must be received as originals. No scanned or faxed copies will be accepted. **Incomplete paperwork will not be processed, and no space will be held until paperwork is complete.**
- If you have questions, please contact the Madison Office at 1-608-276-9782 or 1-800-238-1174.

PROCESSING PROCEDURES

- A two week registration priority period is provided to returning families.
- 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 school to allow enough time for processing.
- **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.
- A coupon booklet and payment labels with fees and due dates will be sent to enrolled families, as well as a Parent Handbook.

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

Part I CHILD REGISTRATION FORM - 4K Kindergarten Wrap



a WISCONSIN YOUTH COMPANY program

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 weighs 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 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 and days you wish your child to attend during the 2009-2010 school year. Do this by circling the days of each program for which you are enrolling your child.

_____/_____/_____
Anticipated start date

BOOST Before School

M T W R F

4K Kindergarten Wrap

Please choose which program:
 Morning Wrap Afternoon Wrap

M T W R F

BOOST After School

M T W R F

AMT PD: _____ CK# _____ DATE RECEIVED: / / WAIT LIST: M T W R F 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



A program of Wisconsin Youth Company, Inc.

Child's Name *(Please print)* _____ Program Location _____

ATTENDANCE

1. I understand I must notify the AFTER SCHOOL message center in the event my child will not attend a scheduled day.
2. I understand the first twenty days of my child's attendance in any AFTER SCHOOL program are probationary.
3. I understand if my child has special health concerns, I have so indicated on the Health History Form.
4. I understand I may change my child's schedule by giving advance written notice to the Administrative Office by the dates specified in the coupon booklets and that requests for additional days are on a space available basis. If schedule changes exceed three per semester, a \$5.00 charge will be assessed for each additional change after the third change. AFTER SCHOOL cannot honor requests to switch a scheduled day with a non-enrolled day. Changes to enrolled days requested mid-billing period must be approved and may be subject to additional fees.
5. I understand if space permits, my child may attend as a drop-in (a day not regularly scheduled) for an additional non-refundable and non-transferable fee. I may request a drop-in through the administrative office **no more than two weeks in advance**.
6. 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.

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.
3. I understand that by enrolling my Club-aged child, he or she is also registered as a 4-H member.
4. I understand there is a greater risk in having my child participate in any AFTER SCHOOL swimming activities offered. 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.
5. I understand that my child will be permitted to leave AFTER SCHOOL supervision to participate in extracurricular or enrichment activities only if I have provided a signed and completed Extracurricular Permission Form in advance.
6. I give permission for my child to appear in any media coverage approved by AFTER SCHOOL.
7. I give my consent for my child to leave unescorted from the Before School program, if enrolled, at the end of the program session; and/or to arrive at the After School program unescorted at the end of the school day.
8. I understand that if authorizing my child to depart independently from his/her program site, I herewith confirm that permission and agree to notify the Administrative Office if the departure time listed on the Registration Form changes.

PAYMENT OF FEES

1. I understand the registration fee is non-refundable and non-transferable.
2. I understand this agreement is for the entire 2009-2010 school year; and agree to make full semi-monthly payments as stated on the fee sheet. I understand payments are due the first and sixteenth of each month; fees will not be pro-rated between billing periods if my child's schedule changes.
3. I understand if I am receiving financial assistance, I am responsible for any amount not covered by my funding source. Written verification from my funding source must be on file in the Administrative Office **prior** to my child's attendance.

I understand that I will be responsible for full payment until funding documentation is received by the Administrative Office.

My funding source is: (if applicable) Contact Person: _____ Phone #: _____

4. I understand a billing fee of \$10.00 will be assessed for payments not received by the 6th and the 21st for payments due on the 1st and 16th, respectively.
5. I understand fees repeatedly not paid by the due dates may result in my child's removal from the program.
6. I understand I do not receive adjustment in fees for *holidays, inservices, school closures, or days missed*.
7. I understand that my semi-monthly payments **do not include a charge for school year winter and spring break weeks**.
8. I understand a \$25.00 charge is assessed for each Non-Sufficient-Funds (NSF) check.
9. 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.
10. I understand a request for duplicate mailings to a second address is available for a \$30.00 annual fee (2009-10 program year).
11. 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 understand that only those persons signing this agreement will be considered 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 or registration information.

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 #

Date of Birth

Social Security #

Date of Birth

White: Administrative Office

Yellow: Parent Copy



ACCOUNT SECURITY FORM *(REQUIRED)*

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 to 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:

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.)**

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)

2009-2010 SCHOOL YEAR CREDIT CARD AUTHORIZATION *(OPTIONAL)*

Account Holder (Parent 1) _____

Child(ren)'s Name(s) _____

Name on Card _____ Card Type: [] Visa [] MasterCard

Credit Card # _____ Exp. Date ____ / ____

(Please indicate authorization by selecting one or both of the boxes below)

- [] I authorize monthly charges to the credit card listed above for AFTER SCHOOL fees occurring September 2009 through June 2010.
- [] I authorize a one time charge of \$ _____ to the credit card listed above for 2009-2010 school year fees.

Signature _____ Date _____