



**2016-2017 School Days Out**

**Whitefish Bay School District**

**Cumberland and Richards Schools**

School Days Out and Early Release programs are offered at both sites when school is not in session. Bring a bag lunch and dress to be active. Please send appropriate attire for the weather. Prior registration is required. Over winter and spring breaks, the program will be condensed to one site. All students from both Richards and Cumberland are welcome to participate. *\*A minimum number of participants may be required in order for this program to be held.*

**Registration/Payment:** Registration MUST be received NO LATER than 7 days prior to the care date(s) chosen. Payment is due at the time of registration. Program withdrawals must be done at least one week prior and will result in a household credit, withdrawals after this date will be credited. Questions, please contact 963-3801.

**Pertaining to K4 Students ONLY for Early Release Days:** Children enrolled in K4 will NOT attend school on Early Release Days. It is considered a No-School Day for them. If you need all-day care for your child on those days, please register for the full day School Days Out program.

**District holidays:** The school district will be closed and Connects care is not available on the following district declared holidays: September 5, November 24, 25, December 23, 26, 30, January 2, April 14 and May 29.

<b>Full Day Rate</b>	<u>Program Time</u>
\$55 per child	<b>7:00am-6:00pm</b>

<b>Early Release (ER) Rate</b>	<u>Program Time</u>
\$30 per child	<b>11:45am-6:00pm Cumberland</b> <b>11:50am-6:00pm Richards</b>

Please return registration to the Whitefish Bay Recreation Department located at 5205 N Lydell Avenue. Payment by check made payable to Whitefish Bay Recreation Department or by credit card (Visa, MasterCard and Discover only).

**Please Use One Form Per Child**

Richards Student (code 588202)

Cumberland Student (code 599202)

**Child's Name/Grade:** \_\_\_\_\_

My child is not currently enrolled in the Connects program. I understand that I need to complete the health history and emergency care plan located on the back of this form.

My child is currently enrolled in the Connects program.

ER=Early Release \*Winter Break/Spring Break

Date-Check Dates Needed	Date-Check Dates Needed
<input type="checkbox"/> Oct 7	<input type="checkbox"/> Jan 23
<input type="checkbox"/> Oct 26 – ER -K5-5th	<input type="checkbox"/> Feb 24 – ER-K5-5th
<input type="checkbox"/> Oct 26- K4-No school	<input type="checkbox"/> Feb 24- K4- No School
<input type="checkbox"/> Oct 27	<input type="checkbox"/> Mar 23 – ER-K5-5 <sup>th</sup>
	<input type="checkbox"/> March 23- K4-No School
<input type="checkbox"/> Oct 28	<input type="checkbox"/> Mar 24
<input type="checkbox"/> Nov 22 – ER-K5-5th	<input type="checkbox"/> *Mar 27-Richards Site
<input type="checkbox"/> Nov 22- K4-No School	
<input type="checkbox"/> Nov 23	<input type="checkbox"/> *Mar 28-Richards Site
<input type="checkbox"/> Dec 22 – ER-K5-5th	<input type="checkbox"/> *Mar 29-Richards Site
<input type="checkbox"/> Dec 22- K4-No School	
<input type="checkbox"/> *Dec 27-Cumberland Site	<input type="checkbox"/> *Mar 30-Richards Site
<input type="checkbox"/> *Dec 28-Cumberland Site	<input type="checkbox"/> *Mar 31-Richards Site
<input type="checkbox"/> *Dec 29-Cumberland Site	<input type="checkbox"/> Apr 17
<input type="checkbox"/> Jan 16	<input type="checkbox"/> May 26 – ER-K5-5th
	<input type="checkbox"/> May 26-K4-No School
<input type="checkbox"/> Jan 20-ER-K5-5th	<input type="checkbox"/> Jun 9 – ER-K5-5th
<input type="checkbox"/> Jan 20 K4-No school	<input type="checkbox"/> Jun 9-K4-No school
Total due: \$ _____	

**Check box to use credit card on file or fill out below**  
*\*Current Connects families may have a credit card on file. If you are not a current Connects family and would like to pay by credit card please fill out below.*

---

Card Number Exp. Date

---

Cardholder's Name

---

Signature

2016-2017 Whitefish Bay School Days Out/ Early-Release

Health History/Emergency Care Plan

Enrollment Information

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized Pick Up (Proper I.D. required at pick up)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Accommodations Needed: (In order to provide the best care and a safe environment for all children, we need to ensure that our resources match our student's needs)

\_\_\_\_\_  
\_\_\_\_\_

Emergency Information

Primary/Emergency Contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional Emergency Contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health History

Allergies \_\_\_\_\_

Medications: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give the Before and After School Staff permission to seek medical attention for my child in case of emergency.

\_\_\_\_\_  
Parent/Guardian Signature Date