

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 not be credited or refunded. 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.

Full Day Rate	Program Time
\$55 per child	7:00am-6:00pm
Early Release (ER) Rate	Program Time
\$30 per child	11:45am-6:00pm Cumberland

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

Da	Date-Check Dates Needed		Date-Check Dates Needed			
	Oct 7		Jan 23			
	Oct 26 – ER -K5-5th		Feb 24 – ER-K5-5th			
	Oct 26- K4-No school		Feb 24- K4- No School			
	Oct 27		Mar 23 – ER-K5-5 th			
			March 23- K4-No School			
	Oct 28		Mar 24			
	Nov 22 – ER-K5-5th		*Mar 27-Richards Site			
	Nov 22- K4-No School					
	Nov 23		*Mar 28-Richards Site			
	Dec 22 – ER-K5-5th		*Mar 29-Richards Site			
	Dec 22- K4-No School					
	*Dec 27-Cumberland		*Mar 30-Richards Site			
	Site					
	*Dec 28-Cumberland		*Mar 31-Richards Site			
	Site					
	*Dec 29-Cumberland		Apr 17			
	Site					
	Jan 16		May 26 – ER-K5-5th			
			May 26-K4-No School			
	Jan 20-ER-K5-5th		Jun 9 – ER-K5-5th			
	Jan 20 K4-No school		Jun 9-K4-No school			
Tot	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:			
Employer:			
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 or match our student's needs)	der to provide the best care a	and a safe environment for all children, we	need to ensure that our resources
Emergency Information		Health History	
Primary/Emergency Contact:		Allergies	
Name: Rela	tionship	Medications:	
Home/Work Phone:Cell	Phone:	Doctor's Name:	Phone:
Additional Emergency Contact:		I give the Before and After School Staff permission to seek medical	
Name:Relat	ionship	attention for my child in case of emergency.	
Home/Work Phone:Cell	Phone:	Parent/Guardian Signature	Date