



Whitefish Bay RECREATION

Bringing Community Together

Emergency Drop-In Care is available for currently enrolled Connects participants only who attend either Cumberland or Richards Elementary Schools. This care is reserved for family emergencies and temporary family scheduling conflicts. Families must provide a 24 hour notice for care needed. Families will be allowed to request 10 drop-in care days per school year, if more are requested we will ask the families make permanent schedule addition. Parents must have confirmation that the program has space for your child before registering and dropping off for care. It is the parent's responsibility to seek space confirmation and register with the Connects Billing Specialist or your Connects Site Manager.

Payment and Fees: Payment is due at the time of registration. Your household account must have a \$0 balance in order to register. Drop-In fees are assessed per session, per day and are non-refundable and non-transferable.

How to Register: Please complete this form and return registration to your Connects Site Manager or the WFB Recreation Department Billing Specialist with payment.

Caitlin Carani
Connects Billing Specialist
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414-963-3801
Fax: 414-963-3937

Drop-In Care

Available for Current Connects Participants Only

2023 – 2024 School Year

Whitefish Bay School District

Cumberland and Richards Schools

Child's Name: _____

School: _____

Teacher's Name: _____

Date(s) Needed: _____

For office use only: Richards (588400) Cumberland (599400)

Please Check Care Needed:

AM Care (Fees are per session, per day)

- R - 7:00am – 7:55am \$10.00
- C - 7:00am – 7:55am \$10.00

K4 Wrap Around Care (Fees are per session, per day)

- R - AM K4 10:55am – 3:00pm \$40.00
- C - AM K4 10:55am – 3:00pm \$40.00
- R - PM K4 7:55am – 11:55pm \$40.00
- C - PM K4 7:55am – 11:55pm \$40.00

PM Care (Fees are per session, per day)

- R - 3:00pm – 6:00pm \$25.00
- C - 3:00pm – 6:00pm \$25.00

Total Amount Enclosed \$ _____

Checks payable to Whitefish Bay Recreation Dept. or credit card (Visa, MasterCard and Discover only).

Credit card numbers are NOT kept on file.

Card Number _____

Cardholder's Name _____ Exp. Date _____

Signature _____