



**Whitefish Bay School District
Cumberland and Richards Schools**

School's Out Care 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. 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 and maximum capacity may be reached.*

Registration/Payment

Space is limited and registrations must be received no less than 7 days prior to the day off. Payment is due at the time of registration. The Rec Department does **NOT** keep your credit card information on file. Please fill out payment information in full. Program withdrawal requests will be honored one week prior to the day off and will result in a household credit. **Withdrawal requests less than 1 week prior to the day off will not be honored.**

Early Release Days/K4 Students

Children enrolled in K4 do NOT attend school on Early Release days. It is considered a No-School Day for K4. Only full-day care is available.

District Holidays

The school district will be closed and care is not available on the following district holidays: September 2, November 28, 29, December 24, 25, 31, January 1, April 10 and May 25.

Full Day Rate _____ **Program Time** _____
\$55 per child **7:00am-6:00pm**

Early Release (ER) Rate _____ **Program Time** _____
\$30 per child **11:30am-6:00pm Cumberland**
11:35am-6:00pm Richards

Completed registrations may be delivered to the Recreation Department by fax, mail or in-person drop off. Completed registrations should **NOT** be turned in at the Connects sites.

A completed Health and Emergency Care plan for non-Connects students must be submitted for your child to attend.

Registration Now Available Online!

2019-2020 School's Out Care

Available for ALL Cumberland & Richards students

- Richards (code 588200)
- Cumberland (code 599200)

Is your child currently in Connects? YES or NO

Child's Name _____

Grade _____ **Teacher** _____

ER=Early Release *Note: Winter Break/Spring Break location

Check Dates Needed	Check Dates Needed
<input type="checkbox"/> Sept. 30 (A1)	<input type="checkbox"/> Jan 24-ER-K5-5 th (B4)
<input type="checkbox"/> Oct 23-ER – K5-5 th (A2)	<input type="checkbox"/> Jan 24-K4-No School (B4)
<input type="checkbox"/> Oct 23-K4-No School (A2)	<input type="checkbox"/> Feb 14 (B5)
<input type="checkbox"/> Oct 24 (A3)	<input type="checkbox"/> Mar 5 (B6)
<input type="checkbox"/> Oct 25 (A4)	<input type="checkbox"/> Mar 6 (B7)
<input type="checkbox"/> Nov 11 (A5)	<input type="checkbox"/> *Mar 23-Richards site (B8)
<input type="checkbox"/> Nov 27 (A6)	<input type="checkbox"/> *Mar 24-Richards site (B9)
<input type="checkbox"/> *Dec 23- Cumberland (A7)	<input type="checkbox"/> *Mar 25- Richards site (C1)
<input type="checkbox"/> *Dec 26- Cumberland (A8)	<input type="checkbox"/> *Mar 26-Richards site (C2)
<input type="checkbox"/> *Dec 27- Cumberland (A9)	<input type="checkbox"/> *Mar 27 –Richards site (C3)
<input type="checkbox"/> *Dec 30- Cumberland (B1)	<input type="checkbox"/> April 13 (C4)
<input type="checkbox"/> Jan 17 (B2)	<input type="checkbox"/> May 22-ER-K5-5 th (C5)
<input type="checkbox"/> Jan 20 (B3)	<input type="checkbox"/> May 22- K4-No School (C5)
	<input type="checkbox"/> June 11-ER-K5-5 th (C6)
	<input type="checkbox"/> June 11- K4-No School (C6)

_____ Card Number Exp. Date

_____ Cardholder's Name

_____ Signature

Registrations will not be processed without complete payment information listed above or check attached. Please make checks payable to WFB Recreation.

Credit card numbers are NOT kept on file.

2019-2020 Whitefish Bay School Days Out - Health and Emergency Care Plan

(Please complete if your child is **not** currently enrolled in Connects.)

Child's Name: _____

Teacher: _____

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 (Valid I.D. required at pick up)

Name: _____ **Relationship:** _____

Home/Work Phone: _____ **Cell Phone:** _____

Name: _____ **Relationship:** _____

Home/Work Phone: _____ **Cell Phone:** _____

Special Accommodations Needed: _____

Emergency Information

Primary/Emergency Contact:

Name: _____ **Relationship:** _____

Home/Work Phone: _____ **Cell Phone:** _____

Additional Emergency Contact:

Name: _____ **Relationship:** _____

Home/Work Phone: _____ **Cell Phone:** _____

Walking Field Trips:

My child _____

has permission to go on walking field trips.

Signature _____

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 _____

Date _____