



**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. 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 3, November 22, 23, December 24, 25, 31, January 1, April 19 and May 27.

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 Connect's sites.

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

Registration Now Available Online!

2018-2019 School Days Out

Available for ALL Cumberland & Richards students

- Richards (code 588202)
- Cumberland (code 599202)

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 (section)	Check Dates Needed (section)
<input type="checkbox"/> Sept. 19 (A1)	<input type="checkbox"/> Feb 15 (B6)
<input type="checkbox"/> Oct 24-ER – K5-5 th (A2)	<input type="checkbox"/> Mar 7 (B7)
<input type="checkbox"/> Oct 24-K4-No School (A3)	
<input type="checkbox"/> Oct 25 (A4)	<input type="checkbox"/> Mar 8 (B8)
<input type="checkbox"/> Oct 26 (A5)	<input type="checkbox"/> *Mar 25-Richards site (B9)
<input type="checkbox"/> Nov 21 (A6)	<input type="checkbox"/> *Mar 26-Richards site (C1)
<input type="checkbox"/> Nov 26 (A7)	<input type="checkbox"/> *Mar 27- Richards site (C2)
<input type="checkbox"/> *Dec 26- Cumberland (A8)	<input type="checkbox"/> *Mar 28-Richards site (C3)
<input type="checkbox"/> *Dec 27- Cumberland (A9)	<input type="checkbox"/> *Mar 29 –Richards site (C4)
<input type="checkbox"/> *Dec 28- Cumberland (B1)	<input type="checkbox"/> April 22 (C5)
<input type="checkbox"/> Jan 2 (B2)	<input type="checkbox"/> May 24 (C6)
<input type="checkbox"/> Jan 21 (B3)	<input type="checkbox"/> June 13-ER-K5-5 th (C7)
	<input type="checkbox"/> June 13- K4-No School (C8)
<input type="checkbox"/> Jan 25-ER-K5-5 th (B4)	
<input type="checkbox"/> Jan 25-K4-No School (B5)	

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: WFB Recreation.

2018-2019 Whitefish Bay School Days Out

Health and Emergency Care Plan

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

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 _____