

School's Out Care is offered at both Cumberland and Richards Schools when school is not in session. **ALL students from both schools are welcome to participate**. Please bring a bag lunch, dress to be active, and send appropriate attire for the weather. A minimum number of participants may be required in order for this program to be held and maximum capacity may be reached.

## Registration/Payment

School's Out Care Lottery Registration begins when our Fall Recreation Guide is released. Days that fill over max capacity will go through the lottery process where a generated system randomly selects participants into the program. Anyone not selected will be credited and placed on a waitlist. After the lottery, the deadline to register for available days is 7 days prior to the care date. A \$10 late fee will be applied for each individual day of care, per child, for registrations received after the deadline. Payment is due at the time of registration. Your household account must have a \$0 balance in order to register. 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 after the deadline will result in a forfeiture of paid fees.

#### 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.

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 mail or in-person drop-off. Completed registrations should **NOT** be turned in at the Connects sites. Registration is also available online!

A completed Health and Emergency Care plan for non-Connect students must be submitted for your child to attend. (Found on the backside)

## \* District Holidays \*

The school district will be closed and School's Out Care is **NOT** available on the following district holidays:

September 2, November 28 & 29, December 24, 25, 31, January 1, April 18, May 26

## 2024-2025 School's Out Care

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

Is your child currently in Connects? YES or NO

If no, please complete the Health and Emergency Care plan on the backside of this form.

Child's Name		
Grade	Teacher	

Check dates needed below: ER - Early Release

	Oct 11 (A1)		<b>Jan 24 (B7) -</b> K5-5 <sup>th</sup> - ER
			K4- No School
	Oct 30 (A2) - K5-5 <sup>th</sup> - ER		Jan 27 (B8)
	K4- No School		
	Oct 31 (A3)		Feb 17 (B9)
	Nov 1 (A4)		Mar 20 (C1)
	,		,
	Nov 27 (A5)		Mar 21 (C2)
	, ,		` '
	Dec 2 (A6)		Mar 24 (C3)
	` '		,
	Dec 23 (A7)		Mar 25 (C4)
	Dec 26 (A8)		Mar 26 (C5)
		-	11241 20 (00)
	Dec 27 (A9)		Mar 27 (C6)
	= == (==)		
	Dec 30 (B3)		Mar 28 (C7)
	200 00 (20)		17201 20 (07)
	Jan 2 (B4)		April 21 (D1)
	Jun 2 (2 1)		
	Jan 3 (B5)		June 13 (D2) - K5-5th - ER,
	Jan 0 (20)	_	K4- No School
	Jan 20 (B6)		111 110 0011001
	J 20 (20)		
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Card Number	Exp. Date
Cardholder's Name	Billing Zip Code
Signature	Date

Registrations will not be processed without complete payment information.

# 2023-2024 Whitefish Bay School's Out Care - Health and Emergency Care Plan

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

Employer:	Child's Name:	Teacher:		
1. Parent/Guardian: Relationship.  Cell Phone:	School:G	rade:Email Address:		
Cell Phone:	Home Address:			
Employer:   Work Phone:   Relationship:   Cell Phone:   Home Phone:   Home Phone:   Work Phone:   Work Phone:   Work Phone:     Home Phone:   Health History   Health History   Health History   Health History   Health History   Home Phone:   Home Phone:   Home Phone:   Home Phone:   Home Phone:   Home Phone:   Health History   Health History   Health History   Health History   Health History   Home Phone:   Home Phone:   Health History   Health	1. Parent/Guardian:	Relationship:		
2. Parent/Guardian: Relationship:	Cell Phone:	Home Phone:		
Cell Phone:	Employer:	Work Phone:		
Authorized Pick-Up (Valid I.D. required at pick-up)  Name: Relationship: Cell Phone: Home/Work Phone: Relationship: Cell Phone: Home/Work Phone: Market are NOT the 1st and 2st primary parent/guardian.  Alternate: Please list persons that are NOT the 1st and 2st primary parent/guardian.  Walking Field Trips: Image: My child has permission to go on walking field trips.  Emergency Contact #1: Name: Relationship: Health History Allergies: Medications:  Emergency Contact #2: Name: Relationship: I give the Connects Before and After School Staff Dermission to seek medical attention for my child in permission to seek medical attention for my child in	2. Parent/Guardian:	Relationship:		
Authorized Pick-Up (Valid I.D. required at pick-up)  Name:	Cell Phone:	Home Phone:		
Name: Relationship: Cell Phone: Home/Work Phone: Relationship:  Cell Phone: Home/Work Phone: Relationship: Home/Work Phone: Special Accommodations Needed: Walking Field Trips: primary parent/guardian. Walking Field Trips: primary parent/guardian. My child has permission to go on walking field trips.  Emergency Contact #1: Name: Relationship: Health History Allergies: Medications:  Emergency Contact #2: Name: Relationship: Demergency Contact #2: Name: Relationship: Permission to seek medical attention for my child in permission to seek medical attention for my child in permission to seek medical attention for my child in	Employer:	Work Phone:		
Cell Phone:	Authorized Pick-Up (Valid I.D. required at pick-	eup)		
Name:		Relationship:		
Cell Phone:		Home/Work Phone:		
Special Accommodations Needed:  Alternate: Please list persons that are NOT the 1st and 2nd primary parent/guardian.  Walking Field Trips:  My child has permission to go on walking field trips.  Emergency Contact #1:  Name: Relationship: Home/Work Phone: Medications: I give the Connects Before and After School Staff permission to seek medical attention for my child in	Name:	Relationship:		
Alternate: Please list persons that are NOT the 1st and 2nd primary parent/guardian.  Walking Field Trips:  My child has permission to go on walking field trips.  Health History  Allergies:  Medications:  Emergency Contact #2:  Name: Relationship:  Cell: Home/Work Phone:  Cell: Home/Work Phone:  Relationship:  Cell: Home/Work Phone:  Permission to seek medical attention for my child in	Cell Phone:	Home/Work Phone:		
primary parent/guardian.    My child has permission to go on walking field trips.    Health History				
Name:Relationship:	-			
Allergies:	Emergency Contact #1:			
Cell:Home/Work Phone:	Name: Relationship	o: <u>Health History</u>		
Name:Relationship:	Cell:Home/Work Phone			
	Name:Relationship	ermission to seek medical attention for my child in		
Parent/Guardian Signature	Parent/Guardian Signature			