2023-2024 School's Out Care

Available at both Cumberland and Richards Schools
School's Out Care is 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. 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 the deadline to register 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 4, November 23 & 24, December 25 & 26, January 1 & 2, March 29, and May 27.**

- ☐ 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

☐	**Sept 22 (A1)**	☐	**Jan 29 (B8)**
☐	**Sept 25 (A2)**	☐	**Feb 23 (B9)**
☐	**Oct 25 (A3)** - K5-5th - ER K4- No School	☐	**Feb 26 (C1)**
☐	**Oct 26 (A4)**	☐	**Mar 21 (C2)**
☐	**Oct 27 (A5)**	☐	**Mar 22 (C3)**
☐	**Nov 22 (A6)**	☐	**Mar 25 (C4)**
☐	**Nov 27 (A7)**	☐	**Mar 26 (C5)**
☐	**Dec 22 (A8)**	☐	**Mar 27 (C6)**
☐	**Dec 27 (A9)**	☐	**Mar 28 (C7 - CU) (C8 – RI)**
☐	**Dec 28 (B3)**	☐	**April 1 (C8 - CU) (C9 – RI)**
☐	**Dec 29 (B4)**	☐	**April 29 (C9 - CU) (D1 – RI)**
☐	**Jan 15 (B5)**	☐	**May 24 (D1 - CU) (D2 – RI)** - K5-5th - ER, K 4- No School
☐	**Jan 26 (B7)** - K5-5th - ER K4- No School	☐	**June 14 (D2 - CU) (D3 – RI)**- K5-5th - ER, K4 - No School

Card Number	Exp. Date
Cardholder's Name	Billing Zip Code
Signature	

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.)

Child's Name:_____**Teacher**:_____

School: _____**Grade**:_____**Email Address**:_____

Home Address:_____

1. Parent/Guardian:_____Relationship:_____

Cell Phone:_____Home Phone:_____

Employer:_____Work Phone:_____

2. Parent/Guardian:_____Relationship:_____

Cell Phone:_____Home Phone:_____

Employer:_____Work Phone:_____

Authorized Pick-Up (Valid I.D. required at pick-up)

Name:_____Relationship:_____

Cell Phone:_____ Home/Work Phone:_____

Name:_____Relationship:_____

Cell Phone:_____ Home/Work Phone:_____

Special Accommodations Needed: _____

_____

Alternate: Please list persons that are NOT the 1st and 2nd primary parent/guardian.

Emergency Contact #1:

Name:_____ Relationship:_____

Cell:_____Home/Work Phone:_____

Emergency Contact #2:

Name:_____Relationship:_____

Cell:_____Home/Work Phone:_____

Walking Field Trips:

❑   My child has permission to go on walking field trips.

Health History

Allergies:_____

Medications:_____

❑   I give the Connects Before and After School Staff permission to seek medical attention for my child in case of emergency.

Parent/Guardian Signature _____**Date** _____