



**Racine Unified School District
EXTENDED LEARNING PROGRAM
Elementary School Student Registration Form – Grant Sites
2016-2017 School Year**



Program funded through 21st
Century CLC Grants

I am registering my child at the following site (please circle):

Fratt PM Goodland PM Janes PM Johnson PM Mitchell EL. PM Red Apple PM

Other: _____

(Fees apply. See back for details.) (No fees for Goodland and Red Apple per Grant.)

Student Information

Student Name: _____
Last
First
Middle

Date of Birth: _____ Age: _____ Gender: Male Female

Current School Attending (Daytime): _____ Grade Level: _____

Does your child have any restrictions on activity? Yes No *If yes, please explain; list any allergies, meds, etc.*

My child has special needs that require additional assistance/special accommodations to participate ___Yes ___No

My child has an accommodation plan (IEP or 504). ___Yes ___No

- If you have indicated your child requires additional assistance/special accommodations to participate, reasonable accommodations will be provided to ensure access to the program unless doing so would impose undue financial hardship. If removal from the program is warranted due to unsafe behaviors, an IEP team or 504 meeting will be convened to discuss possible removal or further reasonable accommodations.

Parent/Guardian Information

Parent/Guardian Name(s): _____

Address: _____
Street
Apt#
City/State
Zip

Home #: _____ Cell #: _____ Email: _____

Additional Emergency Contact Information

1st Contact's Name: _____ Relationship to Child: _____

Phone # _____ 2nd Phone # _____ Pick-up Child: Yes No

2nd Contact's Name: _____ Relationship to Child: _____

Phone # _____ 2nd Phone # _____ Pick-up Child: Yes No

Check box if **legal restrictions** are in effect. List person(s) not permitted to contact or pick up student per legal restrictions.

Name: _____

**Racine Unified School District
EXTENDED LEARNING PROGRAM
Student Registration Form Continued**

Student Lives With (check 1)

- Both Parents
 Single Parent - father
 Single Parent - mother
 Guardian's Grandparents
 Joint Custody Foster Care
 Other _____

Transportation Home (check 1)

- Picked up (signed out by approved contact)
 Walk home (signed permission from parent)
 Activity Bus (For these sites only; *Goodland, Janes, Johnson, Red Apple* ***Transportation subject to qualification and subject to change**)

Photograph Consent

I give consent to take my child's photograph during program activities, to be used for education and public relations purposes.

Yes No

Extended Learning Fee Information: There is a weekly fee for Extended Learning. The fees are based on your child's *individual* lunch status.

- The **weekly** fee is \$10 for full pay lunch status, \$5 for reduced lunch status and no charge for free lunch status.

Families will be invoiced monthly. Fees are non-refundable and will not be prorated.

If you have any questions or concerns regarding fees, please contact our office at 262-664-6991.

***PLEASE READ CAREFULLY - -Must be completed by Parent/Guardian for participants 17 and under**

I hereby give permission for my child listed on this form to take part in the activities, which may include off-site events, academic assistance, continuing education and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the child and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of my child listed on the front, I will notify the staff immediately. I further understand that all fees are non-refundable. I give my consent to the program to share my child's records for purposes of educational support and assistance. In addition, I understand that the program may use my child's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program. I hereby certify that I have read and understand the above information:

I understand that completing the Extended Learning Program Registration Form does not guarantee my child's placement in the Program. Students are not considered enrolled until a completed registration form is turned in and a confirmation letter is received by the parent.

Signature: _____ Print Name: _____

Date _____ Relationship to student: _____