



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

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

**Dr. Jones PM    Julian Thomas PM    Knapp PM    RCLA PM    Roosevelt PM    West Ridge PM**

**Other:** \_\_\_\_\_

(Fees apply. See back for details.)

**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**

1<sup>st</sup> Contact's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone # \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_ Pick-up Child:  Yes  No

2<sup>nd</sup> Contact's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone # \_\_\_\_\_ 2<sup>nd</sup> 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)

**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. If fees become more than one month late, your child will not be allowed to attend until the fees are paid. Fees are non-refundable and will not be prorated. We will work with families regarding payments if there is a hardship. Parents/Guardians need to bring documentation to the Extended Learning Office - RUSD Administrative Service Campus – 3109 Mt. Pleasant St. - Building 1 for any of the reasons listed below:

- 6 month reporting letter that shows you receive Food Share or W2 payments
- Letter stating unemployment status
- Verification that an adult family member is receiving SSI or SSDI
- Families providing care of foster child(ren)
- FIT family

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: \_\_\_\_\_