

**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 self or approved contact)

Walk home

Activity Bus (For these sites only; *Case*
**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 per class fee per 10-week module. The fees are based on your child's individual lunch status.

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

Families will be invoiced per module (10 weeks). 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
- 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: _____