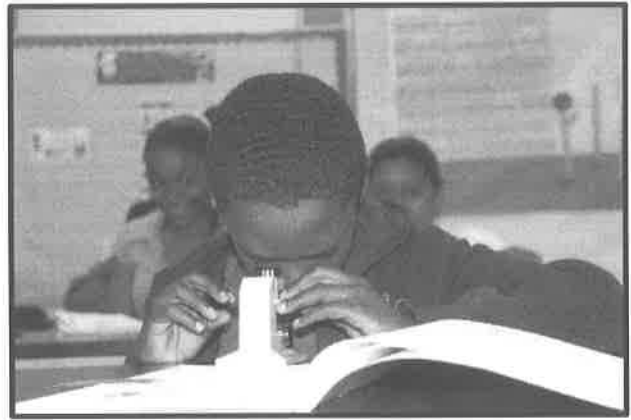
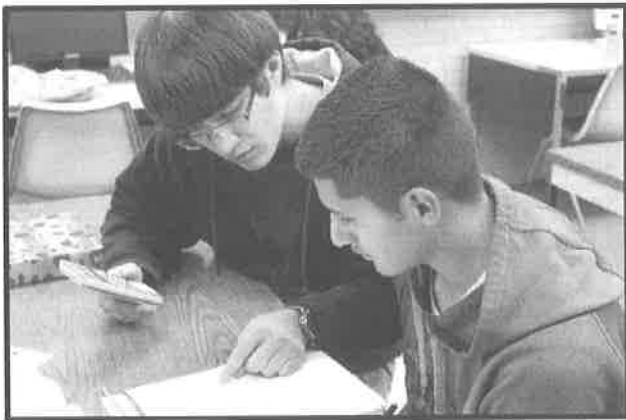


Summer School 2016

Enrichment Catalog

June 15 – July 28

Registration
Deadline is
May 27!



This year, RUSD is partnering with community agencies to provide summer programs for children in kindergarten through grade 5. During the summer months, programs will be available at all elementary and middle schools. Daily snacks will be provided. Parents must arrange transportation for their student.

To learn more about these opportunities and to sign your child up, a flyer and registration information is available for each program. Please contact the program directly for additional information. Contact information is provided on each flyer.

Please complete the registration form and mail it to the address on the flyer.

Fees: Send a check or money order or pay online at <https://racine.revtrak.net/tek9.asp>

Programs and Locations

Elementary School Programs

School	Agency	Name of Program
Fratt	Girl's Inc.	Camp Explore
Giese	RUSD	Summer Spectacular
Julian Thomas	RUSD	Summer Spectacular
Johnson	Focus On Community	Smart and Healthy Kids
Jerstad El.	RUSD	Summer Spectacular
Janes	RUSD	Summer Spectacular
Mitchell El	Racine Park and Rec	All Sports Academy
Roosevelt	Racine Park and Rec	All Sports Academy
Wadewitz	YMCA	Summer Camp
West Ridge	TLC	Kids Camp

Middle School Programs

School	Agency	Name of Program
Gilmore	RUSD	Summer Spectacular
Mitchell MS	RUSD	Summer Spectacular

High School Programs

School	Agency
Park High School	RUSD- Musical Hairspray
Case High School	RUSD- Musical Shrek

SUMMER SPECTACULAR

For grades K-5

Held at Giese, Janes, Julian Thomas, and Jerstad El.
1:00pm-4:30pm Mon-Thurs., June 15—July 28

FIELD TRIPS



School's out for summer and it's time to hit the road!

Take a one-of-a-kind trip across the United States, making interesting and off-beat pit stops along the way.

Project Wild

From the ecosystems that define our planet to the habitats of the animals that call Earth home, be a part of unforgettable explorations of this bountiful world.

I Spy an Ecosystem!



Exploring Sports

Come explore our weekly sports themes; kickball, flag football, soccer, camping games and backyard games of the past!

FIELD TRIPS



Fee scale for the full 6 week program-

Full priced lunch: \$60 • Reduced priced lunch:\$30 • Free lunch: No fee.

To register complete the application on the back and mail it with your fee to:
RUSD Extended Learning, 3109 Mount Pleasant St., Racine, WI 53404.

Contact 262-664-6991 for more information



**Racine Unified School District
EXTENDED LEARNING PROGRAM
Student Registration Form
Summer 2016**

***Important** – Please make sure you fill out the site and program you are registering your child for.

- Please mail your completed registration form and method of payment (cash or check) to **RUSD Extended Learning Program: 3109 Mt. Pleasant St. Racine, WI 53404.**
- To make your payment online, go to <https://racine.revtrak.net/tek9.asp> and select **Extended Learning**. Please note: A \$1.50 convenience fee will be charged at checkout.
- Once registration and payment is received, you will receive a confirmation letter from the selected agency.

Site: _____ Program Name: _____

Student Information

Student Name: _____
Last First Middle

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

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

Student Lives With (example: Parents, Guardian, Foster Care, ect): _____

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

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

Parent/Guardian Information

Parent/Guardian Name(s): _____

Address: _____
Street Apt# City/State Zip

Home #: _____ Cell #: _____ Email: _____

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: _____

Signature: _____ Print Name: _____ Date: _____

SUMMER SPECTACULAR

Middle School

Gilmore and Mitchell

1:00pm-4:30pm Mon-Thurs., June 15– July 28



[] **Lego Mindstorm Robotics**– Learn to build, program and operate your robot.

[] **Animation Studio**- Create your own stop motion animated movies. Record sound, create special effects and upload your videos to YouTube.

[] **Rocketry Camp**- Explore physics, aeronautics, and rocketry with this project based summer camp.

[] **K'nex Building Camp**– Build buildings, amusement park rides, roller coasters and more.

[] **Art Exploration**– Explore various art mediums; ceramics, painting, sculpture, drawing, and crafts.

[] **Sports Exploration**– Explore our weekly sports themes; kickball, flag football, soccer, camping games, and backyard games of the past!

Sign up for two camps, they're 90 minutes each.

Fees for full 6 week program

Full priced lunch: \$60 • Reduced priced lunch: \$30 • Free lunch: no fee

To register complete the application on the back and mail it with your fee to:

RUSD Extended Learning, 3109 Mount Pleasant St., Racine, WI 53404

For more information, please call 262-664-6991



**Racine Unified School District
EXTENDED LEARNING PROGRAM
Student Registration Form
Summer 2016**

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- Please mail your completed registration form and method of payment (cash or check) to RUSD Extended Learning Program: 3109 Mt. Pleasant St. Racine, WI 53404.
- To make your payment online, go to <https://racine.reytrak.net/tek9.asp> and select Extended Learning. Please note: A \$1.50 convenience fee will be charged at checkout.
- Once registration and payment is received, you will receive a confirmation letter from the selected agency.

Site: _____ Program Name: _____

Student Information		
Student Name: _____		
Last	First	Middle
Date of Birth: _____	Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current School Attending (Daytime): _____		Grade Level: _____
Student Lives With (example: Parents, Guardian, Foster Care, ect): _____		
Does your child have special needs or restrictions on activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain; list any allergies, meds, etc.</i>		
Photograph Consent: I give consent to take my child's photograph during program activities, to be used for education and public relations purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent/Guardian Information			
Parent/Guardian Name(s): _____			
Address: _____			
Street	Apt#	City/State	Zip
Home #: _____	Cell #: _____	Email: _____	

Emergency Contact Information			
1 st Contact's Name: _____		Relationship to Child: _____	
Phone # _____	2 nd Phone # _____	Pick-up Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 nd Contact's Name: _____		Relationship to Child: _____	
Phone # _____	2 nd Phone # _____	Pick-up Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check box if legal restrictions are in effect. List person(s) not permitted to contact or pick up student per legal restrictions.			
Name: _____			

Signature: _____ Print Name: _____ Date: _____

Smart & Healthy Kids Day Camp!

FOCUS on Community at S.C. Johnson Elementary

Smart & Healthy Kids Day Camp is a fun program that incorporates healthy lifestyle behaviors through games, sports, cooking and other fun activities.

The Program is divided into three sections. The first section is a structured sports clinic where kids will learn and participate in different sports ranging from disc golf and dance to soccer and basketball. The second section is a free activity session where the kids will be able to play games and explore other activities that promote healthy living. The third section will cover healthy eating and will be provided with a fit snack. Weekly, kids will get a chance at making their own snacks and creating a healthy snack cookbook!

Location: S.C. Johnson Elementary; 2420 Kentucky St. 53405

Dates: June 15, 2016– July 28, 2016 *Following Summer School Schedule

Times: Monday thru Thursday; 1:00pm – 4:30pm

Snack: A daily snack will be provided.

Cost: \$60.00 for the 6-week Program *Payment must be included with registration.



Sign-Up: Send completed registration form & payment to:
RUSD Extended Learning Program
3109 Mt. Pleasant St.
Racine, WI 53404

Questions: Contact Sheila at Focus on Community at 632-6200



SIGN-UP TODAY!





**Racine Unified School District
EXTENDED LEARNING PROGRAM
Student Registration Form
Summer 2016**

***Important** – Please make sure you fill out the site and program you are registering your child for.

- Please mail your completed registration form and method of payment (cash or check) to RUSD Extended Learning Program: 3109 Mt. Pleasant St. Racine, WI 53404.
- To make your payment online, go to <https://racine.revtrak.net/tek9.asp> and select Extended Learning. Please note: A \$1.50 convenience fee will be charged at checkout.
- Once registration and payment is received, you will receive a confirmation letter from the selected agency.

Site: _____ Program Name: _____

Student Information

Student Name: _____
Last First Middle

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

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

Student Lives With (example: Parents, Guardian, Foster Care, ect): _____

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

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

Parent/Guardian Information

Parent/Guardian Name(s): _____

Address: _____
Street Apt# City/State Zip

Home #: _____ Cell #: _____ Email: _____

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: _____

Signature: _____ Print Name: _____ Date: _____

CAMP

explore

CALLING ALL K-5 SUMMER SCHOOL STUDENTS!

Camp Explore at
Fratt Elementary School

Offered 1:00-4:30pm, Monday-Thursday
immediately after summer school, following
the RUSD summer school calendar

\$70
Camp
Fee

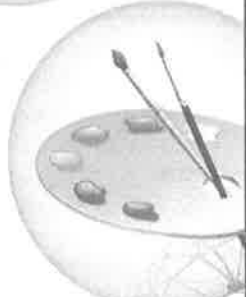
Camp Explore is supported by Racine Unified School District Lighted Schoolhouse Program in partnership with Girls Inc. of Racine and SAFE Haven.

Completed enrollment and payment should be returned to
Fratt Elementary School offices.

Registration forms are available at Fratt Elementary office
or at www.rusd.org

Contact Jeanette Brown for additional information:
jbrown@girlsinracine.org or 262.989.9693

June 15th through July 28th, 2016
Registration forms available at www.rusd.org





**Racine Unified School District
EXTENDED LEARNING PROGRAM
Fratt Elementary Camp Explore Student Registration Form
Summer 2016**

***Important** – Please make sure you fill out the site and program you are registering your child for.

- Please send your completed registration form and mail payment made to Camp Explore at Fratt Elementary School, Attn: Camp Explore Extended Learning Program, 3501 Kinzie Avenue, Racine, WI 53405.
- Drop your completed registration and payment off at Fratt Elementary School Office to the attention of the Camp Explore Learning Program.
- Once registration and payment is received, you will receive a confirmation letter.

Site: Fratt Elementary Program Name: Camp Explore

Student Information

Student Name: _____
Last First Middle

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

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

Student Lives With (example: Parents, Guardian, Foster Care, ect): _____

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

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

Parent/Guardian Information

Parent/Guardian Name(s): _____

Address: _____
Street Apt# City/State Zip

Home #: _____ Cell #: _____ Email: _____

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: _____

Signature: _____ Print Name: _____ Date: _____

AII SPORT ACADEMY REGISTRATION



City of Racine Residents Registration begins May 3, 2016 Fee - \$60 per child
 Non-City Residents Registration begins May 5, 2016 Fee - \$90 per child
 *First-come, first-served; one session per child allowed.
 *Registration will be accepted until sites are filled; limited to 30 children per site and minimum of 15 children.
 *Municipalities and villages are considered non-resident (ex. Caledonia, Mt. Pleasant).

See Reverse Side
 For Additional
 Registration
 Information

*For youth aged 7 - 12 as of June 14, 2016.

*A theme-oriented program providing a creative, fun and innovative learning experience through organized games, songs, field trips, free play and weekly special events.

*Each site is programmed and supervised by two college students extensively trained as playground leaders.

*Select participation at one of two elementary school sites.

***All Sport program begins Wednesday, June 15, 2016 and ends Wednesday, August 10, 2016. Sessions run Monday-Thursday.**

Select your location.

Time: 1:00 - 4:30 PM

LOCATION: Roosevelt Elementary School
 Mitchell Elementary School

Select your child's resident status.

City of Racine Resident Non-City Resident
 \$60 Registration Fee \$90 Registration Fee

Falsification of address will result in a \$15 penalty fee in addition to the difference in fees.

Registrant Information
 (Please print clearly)

Child's First and Last Name _____

Select One: Female Male Birth Date _____ Age as of 6/14/16 _____ Grade as of 5/1/16 _____
Month/Day/Year

Home Address & Zip Code _____

E-mail Address _____ Best Daytime Contact Phone _____

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

Additional Comments/
 Health Concerns/Allergies _____

Emergency Contact Information (other than above listed parent/guardian)

First/Last Name _____

Best Contact Phone _____ Relationship to Child _____

Office Use Only

Cash Credit Card Check No. & Name _____ Staff Initials _____

Age Verified (If Applicable) Birth Certificate Baptismal Certificate Passport Other



- *Cash, Checks or Mastercard/Visa accepted.
- *Checks are payable to: City of Racine PRCS.
- *20% of registration fee, as well as the t-shirt fee, will be retained if registration is cancelled by parent/guardian on or before Thursday, June 9, 2016. No refunds will be issued after this date.
- *Returned checks will incur a \$35 penalty fee; two-party checks will not be accepted.

Registration is accepted:
 Monday-Friday
 8:00 am to 4:30 pm
 PRCS Office
 800 Center St
 Room 127
 (262) 636-9131

RELEASE OF LIABILITY

The undersigned, for themselves or as parent/guardian of the minor(s) identified below, acknowledges that participation is not related to, arising from, or incidental to employment with the City for any purpose, and further hereby agree(s) to indemnify, defend and hold harmless the City of Racine, its departments, elected officials, officers, agents, employees and volunteers for any costs (without limit), damages, expenses or liability for personal injuries, bodily injuries, death, property damage or theft of personal belongings sustained by the undersigned or authorized minor(s): **1)** arising out of participation in any programs and activities; **2)** arising out of the acts or omissions of third-parties; **3)** arising out of the acts or omissions of City of Racine; and **4)** without regard to whose negligence caused the costs, damages, expenses or liability.

It is understood that the undersigned or authorized minor(s) may be exposed to: **1)** adverse weather conditions and is solely responsible for appropriate clothing; **2)** regulation and non-regulation balls and equipment or devices that may be hazardous when handled by careless or inexperienced persons; **3)** competitive/aggressive players and body contact between players that may or may not be within the rules of conduct of the activity; **4)** moving balls, equipment and devices resulting in eye injuries, facial injuries, bruises, broken bones, muscular sprains and strains, and stress to the nervous system, skeletal system, circulatory system and respiratory system; and **5)** facilities, vehicles, equipment and devices that are subject to "wear and tear" malfunctions or design problems.

It is further understood that this program/activity is not monitored or controlled by professionals; balls, equipment and devices used in this program/activity may cause injuries to participants; and some activities carry inherent risk of bodily injuries, death or property damage. This program/activity encourages activities for the development of motor skills, coordination and social interaction that may include running, jumping, climbing, lifting, walking, sitting, bending, and reaching. I acknowledge that it is recommended that I consult a healthcare professional before starting this program. Participation in the program or any activity is at the undersigned's and participants' own risk. The City of Racine is not responsible for lost or stolen items.

I have read this release and waiver of liability, fully understanding its terms, and understand that I have given up substantial rights by signing it. I realize I am not required to sign the Release. I freely choose either option A or B.

- A. Pay an extra \$500, and not sign the Release. B. Pay nothing extra, and sign the Release of my own free will.

Dated: _____ Print Name of Minor: _____

Parent/Guardian Signature: _____

Print Name of Parent/Guardian: _____

USE OF IMAGES AND LIKENESS

The undersigned, an adult resident of the State of Wisconsin, hereby agrees that the City of Racine, its departments, officers, agents, and employees may take and use photographs of myself, or my minor children, during my visits to a Parks Department facility.

I hereby acknowledge that the City will use any and all photographs for promotional purposes, and that I shall not receive any monetary compensation or other consideration in exchange for the use of said photographs. Further, I acknowledge that all photographs are the property of the City of Racine.

Print Name of Minor: _____ Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Dated: _____



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MAKE IT A SUMMER TO REMEMBER Y KIDS AT WADEWITZ

Sign up today for Afternoon Camp AT WADEWITZ ELEMENTARY (12:30-4:30PM)

Afternoon Camp is a fantastic experience for you child that will take place after summer school from 12:30-4:30. They will get to learn, build relationships, gain leadership skills, and be active, all in a fun, safe, and engaging environment! The staff have enriching activities planned for each day relating to both STEM (Science, Technology, Engineering, Math) and the Arts. Y Campers will receive:

- Afternoon snack
- Leadership Skills
- Active games
- Educational activities
- Arts & Crafts

WHO: K-5TH GRADERS

WHEN: AFTER SUMMER SCHOOL

12:30-4:30PM (PICK-UP BETWEEN 4:00-4:30PM)

COST: \$15/WEEK



Registration forms must be submitted directly to the Racine Family YMCA Sealed Air Branch, either in person or by mail. **Payment is due in full at the time of registration.** Cash, check, or card accepted at the Y.

To mail registration/payment, please make checks payable to Racine Family YMCA and address to:

Racine Family YMCA
Attn: Jenna Kuhn
8501 Campus Drive
Mount Pleasant, WI 53406

Registration, Health History, and Emergency Care Plan Racine Family YMCA Afternoon Camp—Wadewitz

One form per child. A new form must be filled out each year.

Camper Information

Child's First Name _____ Middle Initial _____ Last Name _____ Gender M F Birth date ___/___/___
This will be my child's ___ year at camp Age (as of June 6, 2016) _____ Child resides with Mother Father Both Other _____

Parent/Guardian Information—Both parents must be listed or use N/A if not applicable.

#1 Parent/Guardian First Name _____ M.I. _____ Last Name _____ Gender M F Birth date ___/___/___

Address—Home (Street, City, State, Zip) _____

Where can we reach you while your child is at camp? Work Number: _____ Cell Number: _____

Email Address: _____

#2 Parent/Guardian First Name _____ M.I. _____ Last Name _____ Gender M F Birth date ___/___/___

Address—Home (Street, City, State, Zip) _____

Where can we reach you while your child is at camp? Work Number: _____ Cell Number: _____

Email Address: _____

Emergency Contacts/Others Authorized to Pick Child Up—Must put one other person other than the parent or guardian. *Can add more on a separate sheet of paper.

#1 First Name _____ Last Name _____ Relationship to child _____

Address - Home (Street, City, State, Zip) _____

Phone Numbers: Home _____ Work _____ Cell _____

#2 First Name _____ Last Name _____ Relationship to child _____

Address - Home (Street, City, State, Zip) _____

Phone Numbers: Home _____ Work _____ Cell _____

Photo Release

The YMCA does take pictures of children from time to time for marketing and parent use and we are asking your permission to do so. Please check yes or no, and initial to allow this: Yes or No Parent/Guardian initial _____

Medical and Behavior Questions to help us provide the best care to your child. All information is confidential to Y Staff.

(ALL lines MUST be filled out. If something does not apply, please use N/A)

1. Has your child had any of the following; if so, please explain:

- Asthma Autism Diabetes
 ADD/ADHD Epilepsy/Seizures Cerebral Palsy/Motor Disorder
 Cognitively or Learning Disable NONE (QUESTIONS 1-8)
 Dietary Restrictions _____
 Food/Milk Allergies _____

If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

Gastrointestinal or feeding concerns, including special diet and supplement _____

Non-Food Allergies _____

Status of Vision, Hearing, and Speech _____

Other conditions requiring special care _____

2. Triggers that may cause any of the above problems (specify) _____

3. Signs or symptoms to watch for _____

4. Steps the provider should follow _____

5. Identify any staff to whom you gave specialized training/instructions _____

6. When to call parents regarding symptoms/failure to respond to treatment _____

7. When to consider that the condition requires emergency medical care/reassessment _____

8. Additional information that may be helpful for us _____

9. Emergency Numbers

Physician Name _____ Phone _____

Location Address _____

10. Is the child currently taking any medications? Yes No

If yes, what kind and why _____

If medication needs to be administered during camp, a Medication Permission Form MUST be completed. Visit ymcaracine.org for forms.

10. List the MONTH, DAY, AND YEAR the child received each of the following immunizations. DO NOT USE a checkmark. If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.

TYPE OF VACCINE	1st Dose (M/D/Y)	2nd Dose (M/D/Y)	3rd Dose (M/D/Y)	4th Dose (M/D/Y)	5th Dose (M/D/Y)
Diphtheria-Tetanus-Pertussis Specify DTP, DTaP, or DT					
Polio					
Hib (Haemophilus Influenza Type B)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox.					

Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. Yes, year _____

No /Unsure (Vaccine Required)

My child does not meet all immunization requirements. These Requirements can only be waived if a properly signed health, religious, or personal conviction waiver is filed with the day camp. Visit ymcaracine.org for forms.

11. Sunscreen/Insect Repellent, if provided by a parent, must be labeled.

Sunscreen:

- I authorize the center to apply sunscreen to my child
 I authorize the center to allow my child to self-apply sunscreen
 My child may use any sunscreen provided by the Y if theirs runs out/is missing.
OR

My child may ONLY use the sunscreen provided by the parent:
Brand Name _____ Strength _____

Repellent:

- I authorize the center to apply repellent to my child
 I authorize the center to allow my child to self-apply repellent
 My child may use any repellent provided by the Y if theirs runs out/is missing.
OR

My child may ONLY use the repellent provided by the parent:
Brand Name _____ Strength _____

**Sample Day of Before/After
School Activities**

BEFORE	AFTER
6:00 – 7:00am Children are welcomed by our Staff Breakfast Club. (Breakfast available until 8:00am)	3:00-3:15pm Arrive at center. Put items in their proper places. Get ready for snack.
7:00-7:30am Arts/Crafts K-2 nd grades	3:15-3:45pm PM Snack
Gym/Outside 3 rd -5 th grades	3:45-4:15pm Gym/Outside Play 3 rd -5 th grades
7:30-8:00am Arts/Crafts 3 rd -5 th grades	Free Play K-2 nd grades
Gym/Outside K-2 nd grades	4:15-4:45pm Gym/Outside Play K – 2 nd grades
8:00-8:05am Get ready for dismissal	Free Play 3 rd – 5 th grades
*Snack will be served at 7:15am	4:45-5:15pm Homework/Arts & Crafts
	5:15-5:45pm Free Play
	5:45-6:00pm Clean up and get ready to go home

13249 Washington Ave.

**Mt. Pleasant, WI
53406**



Like us on Facebook



**TLC Before and
After School
Programs**

Two Locations:

**Gifford Elementary
And
West Ridge Elementary**



Contact

13249 Washington Ave.
Mt. Pleasant, WI 53406
Dawn 262-886-2160

Who We Are

We are a Christian based program serving the community since 1998. We are a duly licensed before and after school program through the state of Wisconsin. All of our staff are state licensed and/or meet state qualifications. We have been partners with Racine Unified and have run a successful program out of Gifford Elementary School for the last 18 years.

Our Philosophy

We strive to discover, encourage and appreciate each child's individuality, while helping to build a positive sense of self. We are dedicated to provide a safe and loving environment where both children and their families will feel secure.

Our Services

- Before and after school care
- Days off of school/holidays
- Early release days
- Cancellations due to weather
- Summer Care (full and part time)

Before and After School

We offer childcare starting at 6am until the start of school and from when school releases until 6pm. Children will have a variety of activities such as **arts and crafts, gym/outside, free play and opportunities to complete homework.** Nutritious snacks provided.

**Fee Schedule/West Ridge
*Effective May 2, 2016**

Before & After School Care

Will be billed at \$4.00 per hour with a minimum of \$4.00 per day

AM Session (sign in time to 8:00am)	PM Session (3:00pm to sign out time)
6:00-7:00am \$4.00	3:00-4:00pm \$4.00
7:00-7:30am \$6.00	4:00-4:30pm \$6.00
7:30-8:00am \$8.00	4:30-5:00pm \$8.00
	5:00-5:30pm \$10.00
	5:30-6:00pm \$12.00

Early release days are charged at the half day rate of \$22.00 (5 hours or less). Full days (5 hours or more) in attendance will be charged the daily rates listed above.

Summer Program

The summer program is available from 6am – 6pm. Each day is planned with a variety of age appropriate activities such as **sports of all sorts, literature and arts and chess club.** Fun and educational field trips are taken weekly (fees not included in tuition). Nutritious snacks provided.

Summer Program

Rates below are for full and part-time care during summer session as well as Racine Unified days off during the school year.

5 Full Days	\$136	5 Half Days	\$110
4 Full Days	\$136	4 Half Days	\$88
3 Full Days	\$102	3 Half Days	\$66
2 Full Days	\$68	2 Half Days	\$44
1 Full Day	\$34	1 Half Day	\$22