



RUSD Extended Learning Program

Summer Musical Registration Form

Summer 2017

Choose your site:

_____ Seussical™ Musical
at Starbuck MS

Choose your method of payment:

Based on your child's individual RUSD lunch status
Full Status - \$60; Reduced Status - \$45; Free Status - \$30
(Please call 262-664-6991 with lunch status questions)

- _____ Cash (included with form)
_____ Check (included with form) *Made out to RUSD Extended Learning*
_____ Online Payment - <https://racine.revtrak.net/tek9.asp>

• Once completed registration form and payment are received by the Extended Learning Office at 3109 Mt. Pleasant St. Racine, WI 53404, you will receive a confirmation letter.

Student Information

Student Name: _____
Last First Middle

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

School Attended 16/17 School Year: _____ Grade Level (16/17 Year:) _____

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

•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

•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.

Turn over to complete registration. Registration is not considered complete without backside filled out and signed.

RUSD Extended Learning Program Summer Musical Registration Form Continued

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(s): _____

***PLEASE READ BELOW 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: _____