



City Clubs



Enjoy a variety of activities that will change weekly!

Activities include bowling, movies, field trips, gym games, fitness activities and more. Transportation provided for field trips.

Register at MSCR.org or by completing the attached form. Activity expenses not included in fee.

Participants can make up 1-3 dates missed at another club by purchasing the City Club Pass.

2 Locations!

MSCR East

Thurs June 16-Aug 10

1-4pm

4620 Cottage Grove Rd

\$35

Course Code 13784

Lake View

Sun June 25-Aug 13

1-4pm

1802 Tennyson Ln

\$35

Course Code 15614

City Club Pass

Any club!

June 22-Aug 13

\$15

Course Code 15228

Questions?

Contact Chad Thom
cthomb@madison.k12.wi.us
608-204-3020

www.mscf.org

Does the participant have a disability? __ Yes __ No If yes, what type(s) of disability?

Email (Required for registration confirmation OR send a stamped, self-addressed envelope) ☐ I agree to MSCB promotional email

Do you have any medical conditions or concerns of which our staff need to be aware?
(Asthma, Allergies, etc.)

Payment Amount \$ _____ Authorized Signature: ☒ _____ Expiration Date:

REQUEST FOR FEE WAIVER

204-3000

FEE WAIVERS - PLEASE READ

Fee waivers are available only to MMSD residents. Non-residents do not qualify for Fee Waivers. Fee waiver requests and payment must accompany Registration Form. Fee waivers are not granted after registration is processed.

Please fill out completely and check each item as appropriate. No refunds or adjustments. Please note: Any payments included with your Registration Form are applied to program fees for available requested courses.

A. NAME

Participant Name: _____
Last First

Parent/Guardian Name: _____
(for age 17 & under) Last First

B. CIRCLE YOUR FAMILY SIZE & INCOME - 185% OF FEDERAL POVERTY GUIDELINES (GROSS INCOME*)

FAMILY SIZE	ANNUAL	MONTHLY	TWICE/MONTHLY	EVERY TWO WEEKS	WEEKLY
1	\$21,589.56	\$1,799.13	\$899.57	\$830.37	\$415.18
2	\$29,100.48	\$2,425.04	\$1,212.52	\$1,119.25	\$559.62
3	\$36,611.52	\$3,050.96	\$1,525.48	\$1,408.14	\$704.07
4	\$44,122.56	\$3,676.88	\$1,838.44	\$1,697.02	\$848.51
5	\$51,633.48	\$4,302.79	\$2,151.40	\$1,985.90	\$992.95
6	\$59,144.52	\$4,928.71	\$2,464.36	\$2,274.79	\$1,137.39
7	\$66,655.56	\$5,554.63	\$2,777.32	\$2,563.68	\$1,281.84
8	\$74,166.48	\$6,180.54	\$3,090.27	\$2,852.56	\$1,426.28
Each Add	\$7,511.04	\$625.92	\$312.96	\$288.89	\$144.44

REMINDER:
Circle Your
Income

*Gross Income, as the term is used in this table, means: Income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds.

C. PARTICIPANT - COMPLETE "ADULT" OR "CHILD" SECTIONS FOR FEE WAIVERS REQUESTED

☐ ADULT

Fee waivers are limited to one course per adult per program *session. Adult participants are required to pay 50% of the course fee. Check one:

1. _____ My family income is at or below 185% of the Federal Poverty Level as circled above. Answer #2.
2. _____ I am requesting a fee waiver and can pay \$_____ toward the fee which is enclosed.
If fee waiver request exceeds 50% of program cost, please explain and enclose proof of income:

☐ CHILD (AGE 17 AND UNDER)

Fee waivers are limited to two courses per child per program *session. MSCR youth program fees may be partially or fully waived for youth meeting the criteria for free or reduced lunch. Parents/guardians are requested to pay what they can towards the program fee.

1. _____ My family income is at or below 185% of the Federal Poverty Level as circled above.
Answer #2 and #3.
2. _____ My child qualifies for free lunch _____yes _____no; or reduced lunch _____yes _____no.
3. _____ I am requesting a fee waiver and can pay \$_____ towards the fee, which is enclosed.

THERE ARE THREE SESSIONS PER YEAR - WINTER/SPRING, SUMMER AND FALL.



MADISON SCHOOL & COMMUNITY RECREATION
A department of Madison Metropolitan School District

Adaptive Programs
Additional Questionnaire
Need 2 weekend and evening phone numbers for emergency purposes

Participant's Name:			
Residential Address:			
	City:	State:	Zip code:
Home Number:	Cell Number:		
Personal e-mail:			

Is participant supported by an agency or organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the following:		
Agency Name:		
Mailing Address:		
	City:	State: Zip code:
After Hours Emergency Number:		
Case Manager's Name:		
Phone Number:		
Email Address:		

a. Primary contact for last minute cancellations or transportation issues:	Name & number of guardian/care giver or in-home staff
*Weekend /evening issues	
b. Additional emergency contact if primary is unavailable:	Name, Number and Relationship
*Need 2 phone #'s	

Does participant use a wheelchair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does participant use a Hoyer lift for transfers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list any medications taken during this activity or soon after: <small>If MSCR staff is asked to administer medications (even provide reminders) a medication authorization form must be completed.</small>		
Does participant have a history of seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, are there any known triggers or activity restrictions?		

How will participant be transported to/from this activity?	
<input type="checkbox"/> Guardian / Caregiver	<input type="checkbox"/> Madison City Bus
<input type="checkbox"/> Madison Metro Paratransit	<input type="checkbox"/> Walk independently
<input type="checkbox"/> Other	<input type="checkbox"/> Cab
Please provide the details of transportation:	
Include: contact name, number, scheduled pick-up or drop-off times:	