



Kegonsa Elementary After-school Childcare Program 2018-2019 School Year

- Program begins September 5, 2018 and ends June 6, 2019.
- There are 2 program enrollment options, 3 day per week enrollment or 5 day per week enrollment.
- Program hours are as follows:

Monday-Friday	3:05-5:45pm
----------------------	--------------------
- An afternoon snack will be provided.
- There will be programming provided at Kegonsa on early-release days.
- On days that children do not have school (not including holidays, winter break or spring break), children enrolled in the Kegonsa Elementary After-school program may enroll in an all-day, Kegonsa Kids Day recreation and enrichment program at Kegonsa Elementary. Parents/Guardians must register their child for this program. Fees for the all-day program are \$30 per child. Registration materials will be provided 2 weeks prior to the date of the program.
- All participants must leave Kegonsa School when the program ends. A late charge of \$5 per 15 minutes will be charged to your account for pick-ups after 5:45 p.m.
- If your child will be absent from the program, please be sure to let us know. You may send a note with your child, if you know that your child will be absent ahead of time. However, if your child is ill or there is any other reason your child will not be attending, please call 608-873-6746.
- Please complete all pages of this registration form providing **ALL** information requested.
- A separate form for each child is required. **Incomplete forms will be returned.**
- Space is limited, registrations will be accepted on a first come, first serve basis.
- Please return completed forms to the Stoughton Recreation Department (381 E. Main Street) or Kegonsa Elementary School.
- Your child is **NOT** eligible to attend the Kegonsa After-school program until you have received a confirmation letter/email from the Stoughton Parks & Recreation Department. Confirmations will be sent by **August 31.**
- For more information contact **Kourtnei Barnes, Recreation Supervisor, Stoughton Parks and Recreation, 608-873-6746 or kbarnes@ci.stoughton.wi.us**
- You may keep this cover sheet as a reference.



***KEGONSA AFTER-SCHOOL
CHILDCARE PROGRAM
SCHOOL YEAR 2018-2019
Registration Payment Procedures***

Please read and follow the procedures listed below. Incomplete registration information will not be processed. A Kegonsa Elementary After-school Program Registration Form must be completed for **each** child.

IF PAYING FULL FEES:

- a.) Complete the registration packets for each child.
- b.) Check the "Paying All Fees" box on the Registration form.
- c.) Submit the Registration form to the Stoughton Parks and Recreation Department via drop off to Kegonsa Elementary School or Stoughton Parks and Recreation Department (located inside of City Hall – 381 E. Main Street)

IF UNABLE TO PAY FULL FEES AND SEEKING FINANCIAL ASSISTANCE:

- a.) Complete the Stoughton Parks and Recreation Department Form for Financial Assistance.
- b.) Most recent year's tax returns OR two consecutive recent payroll stubs.
- c.) If not available, you may submit one of the following:
 - a. Document(s) showing SS or SSI amount received monthly.
 - b. Two W-2 check stubs
 - c. Two unemployment check stubs

You may mail completed forms to:
Stoughton Parks and Recreation Department
c/o Kourtnei Barnes
381 E. Main Street
Stoughton, WI 53589



Stoughton
PARKS & RECREATION

**KEGONSA AFTER-SCHOOL
CHILDCARE PROGRAM
SCHOOL YEAR 2018-2019
Fee Assistance Form**

If your family is requesting fee assistance, you must fill out this form completely and answer each item as appropriate. Fee assistance is available to any participating member of the Stoughton Parks and Recreation Department Programs. The "Request for Fee Assistance" form and payment must accompany a Registration Form for one of our programs.

GENERAL INFORMATION:

Child's Full Name: _____

Parent/Guardian Name: _____

FAMILY SIZE:

What is your family size?: 1 2 3 4 5 6 7 8 9+
(Please circle one)

List your gross* annual income: \$ _____ (per year)
Or list your gross* bi-weekly income: \$ _____ (every two weeks)

*Gross income, as the term is used, means income before any deductions such as taxes, social security taxes, insurance premiums, charitable contributions and bonds.

ADULT:

If the participant is an adult, answer this section. If the participant is a child, skip this section and answer the next section titled "CHILD".

1. If you are requesting fee assistance, the fee assistance may not exceed 50% of the program cost.
I am enclosing the following payment of: \$ _____

CHILD:

If the participant is a child (age 17 and under) please complete this section of the form. Stoughton Parks and Recreation Department program fees may be partially or fully waived for youth meeting the criteria for free and/or reduced price meals. Parents/Guardians are requested to pay what they can towards the program fees.

- 1. My child qualifies for free/reduced meals? Yes No
- 2. My family is requesting fee assistance and we are able to commit to the following payment of \$ _____ monthly.

WHAT HAPPENS NEXT?

Fee assistance is provided to families whose income is less than 185% of the Federal Poverty Level. If you qualify for full fee assistance, you are emailed a confirmation of your registration request. If, based on family size and income stated above, you do not qualify for full fee assistance, we temporarily reserve a space in the requested program and contact you.

Name(s) of other adults who may pick your child up from the Kegonsa Elementary After-school Program:

Name: _____ Relationship to child: _____ Phone #: _____

Name: _____ Relationship to child: _____ Phone #: _____

SERVICES FOR PEOPLE WITH DISABILITIES:

Please describe any medical condition or disability requiring accommodation to participate. To access Inclusion Services, additional forms must be completed. Please contact Kourtnei Barnes, Stoughton Parks and Recreation’s Recreation Supervisor, 608-873-6746 or kbarnes@ci.stoughton.wi.us, to request forms and discuss accommodations. At **least** two weeks notification is required to plan and coordinate reasonable accommodations. _____

HEALTH HISTORY

Does your child have any allergies such as to bee stings, food or medication? No Yes
 If yes, please describe them and indicate special precautions or care needed. _____

Does your child have any chronic ailments or special needs? No Yes
 If yes, please describe them and indicate special precautions or care needed. _____

MEDICATION

Does your child require medication during the program? No Yes

- **If yes**, authorization forms from you and your child’s doctor must be on file. Please contact Kourtnei Barnes, Stoughton Parks and Recreation’s Recreation Supervisor, 608-873-6746 or kbarnes@ci.stoughton.wi.us for medication forms. If your child self-administers over the counter or prescription medication, medication forms must still be completed and on file at the program.

WEEKLY REGISTRATION INFORMATION:

Please read through the following information and mark the selection that fits your child’s weekly Safe Haven needs:

- My child will attend the Kegonsa After-school program as a full-time participant (Monday – Friday)
- My child will attend Kegonsa After-school program as a part-time participant. (3 day minimum)
 My child will attend Kegonsa After-school program on the noted days.
(please circle each day that your child will attend the Kegonsa After-school program on a weekly basis)

Monday Tuesday Wednesday Thursday Friday

PAYMENT METHODS:

CHECK ONE BOX BELOW THAT ACCURATELY REFLECTS HOW YOUR CHILD’S KEGONSA ELEMENTARY AFTER-SCHOOL FEE WILL BE PAID.

Please read the information on the document "Kegonsa Elementary After-school Program Registration Procedure" before making your selection. If you have questions, please call Kourtnei Barnes at (608) 873-6746.

- PAYING ALL FEES** - Payment information will be **emailed** with your child’s confirmation letter.

You will be billed semi-monthly (twice a month) and payments will be due on the 1st of the month and the 15th of the month.

Monthly fees billed on a semi-monthly basis (twice a month)	1 child	2 children from same immediate family (\$10 discount monthly)	3 or more children from same immediate family (\$20 discount monthly)
5 days/week	\$240 per month	\$470 per month	\$700 per month
3 days/week	\$168 per month	\$326 per month	\$626 per month

APPLYING FOR STOUGHTON PARKS AND RECREATION PARTIAL FEE WAIVER AND HAVE ATTACHED THE REQUIRED PAPERWORK VERIFYING MY INCOME (please see procedure letter)

_____ I agree to pay the monthly fee payment based on my income level as determined by the sliding fee scale (please put an X on the line)

You will be billed semi-monthly (twice a month) and payments will be due on the 1st of the month and the 15th of the month.

WAIVER AND RELEASE OF LIABILITY

By registering for Stoughton Parks and Recreation youth programming, I hereby agree and understand:

1. That Stoughton Parks and Recreation programs are not covered by accident insurance.
2. That I and my child(ren) will adhere to Stoughton Parks and Recreation as well as Kegonsa Elementary and Stoughton Area School District rules and procedures.
3. That I will hold the City of Stoughton (Stoughton Parks and Recreation) and the Stoughton Area School District (SASD) harmless and defend the City and District against any claims brought by and on behalf of my child(ren) for any injury sustained by my child(ren) as a result of his/her participation in a Stoughton Parks and Recreation program, provided, however, that this provision shall not apply to liabilities caused by or resulting from the gross negligence of the City and/or District, it's employees or agents.
4. That Stoughton Parks and Recreation Department staff may take photos of my child(ren) and I consent to the use of my child(ren)'s photo for promotional or educational purposes.
5. That I hereby give permission for the Stoughton Parks and Recreation Department to take or transport my child(ren) on supervised field trips during program hours.
6. That all children must leave the building at the close of the program. Parents/Guardians are responsible for their children at closing time.
7. That I hereby grant permission for Stoughton Parks and Recreation Department and Kegonsa Elementary School staff to share, with each other, any information or records regarding my child. This includes the ability of Kegonsa Elementary school staff to disclose to Stoughton Parks and Recreation Department staff pupil records or information related to disability status, health conditions and behavioral concerns for the purpose of providing appropriate accommodations and supports in Stoughton Parks and Recreation Department youth programming.
8. That both Kegonsa Elementary and Stoughton Parks and Recreation Department staff have my permission to assist my child in the application of sunscreen and/or insect repellent prior to outdoor activities. It is my understanding that children are required to bring both sunscreen and insect repellent for use during Stoughton Parks and Recreation Department programs.
9. That if emergency medical care is deemed necessary and I am unable to be reached, Stoughton Parks and Recreation Department staff is authorized to act in my child's behalf in granting permission for my child to receive emergency treatment or surgery.

By registering or participating, the registrant understands that individual accident insurance is not provided for Stoughton Parks and Recreation Department programs and agrees to adhere to program rules. I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or, in any way connected with my participation in Stoughton Parks and Recreation Department programs. Photos may be taken during program for educational and marketing purposes. I have read and agree to follow the registration policies.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

