

## 2018-19 Medford & Stetsonville CLC Before & After School Program Registration Form

Student Information						
Child's Name:	Grade (circle one): PreK K 1 2 3 4 5 6				Date of Birth:	
CLC Site Attending (circle all that apply):	MAES a.m.	MAES p.m.	SES	MAMS		
Daytime School Teacher:						
Daytime School (circle one):	MAES	MAMS	SES	Immanuel	Holy Rosary	Other:
Ethnicity (optional) (circle all that apply):	African-American	Asian	Hispanic / Latino	Native Hawaiian / Pacific Islander	Native American / Alaska Native	White
Child's Home Address:		Street				
		City, State, Zip				
Home Phone:						
Has your child participated in the CLC Program in the past? (circle one)		Yes	No			

Parent / Guardian Information					
Responsible Party:				Relationship to Student:	
Work Phone:		Cell Phone / Pager:		E-mail Address:	
Home Phone:				Code Word***:	

\*\*\* Anyone **not listed** on your child's CLC registration form as a person authorized to pick up your child will need to provide CLC staff with a **CODE WORD** so we know that they are acting on your behalf.

Please list all persons authorized to pick up child from CLC (including parents and guardians):

Name:		Work Phone:		Home Phone:	
Name:		Work Phone:		Home Phone:	
Name:		Work Phone:		Home Phone:	
Name:		Work Phone:		Home Phone:	
Name:		Work Phone:		Home Phone:	

\_\_\_\_\_ *Yes, my child has permission to walk home from the CLC Program.*

### Homework:

Please list any academic areas you feel your child needs special assistance with (i.e. math, reading, writing, science, etc.)

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Child's Name: \_\_\_\_\_

**Healthy History for CLC Participant**

Operations or Serious Injuries (with date):			
Chronic or recurring allergies, illnesses or special medical condition(s):			
Activities encouraged or limited by a physician:			
Dietary Restrictions:			
Current Medications:		Last Physical Exam Date:	
Family Physician:		Phone:	
Dentist / Orthodontist:		Phone:	
Insurance Carriers:			
Name of Person with Insurance:			
Hospital Preference:			
Emergency Contact (if parent or guardian cannot be reached):			
Work Phone:	Home Phone:	Cell Phone / Pager:	

\*\*\* Anyone **not listed** on your child's CLC registration form as a person authorized to pick up your child will need to provide CLC staff with a **CODE WORD** so we know that they are acting on your behalf.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Return completed registration form to appropriate school office:**

Medford Area Elementary School  
Attn: Lisa Porten, CLC Asst. Coordinator  
1065 W. Broadway Avenue  
Medford, WI 54451  
(715) 748-2316

Medford Area Middle School  
Attn: Keva Schult  
509 Clark Street  
Medford, WI 54451  
(715) 748-2516

Stetsonville Elementary School  
Don Everhard, CLC Coordinator  
W5338 County Road A  
Stetsonville, WI 54480  
(715) 678-2600

## Important Information Regarding CLC and Parental Consents

(by signing the CLC registration form)

**Payment:** I understand that I am responsible for all payments.

MAES a.m. CLC	\$1.25 / day fee (\$0.50 / day for students on free or reduced lunch)
MAES & SES p.m. CLC	\$3.75 / day fee (\$2.50 / day for students on free or reduced lunch)
MAES & SES p.m. <u>Early Release Days</u> CLC	\$6.25 / day fee (\$5.00 / day for students on free or reduced lunch)
MAMS A.S.K.S. Program	\$1.00 / day fee for p.m. session from 3:15 – 4:00 (A.S.K.S. is offered on Mondays, Tuesdays and Thursdays)

**NOTE:** If a child is dropped off prior to 6:45 a.m., an early drop off fee will be assessed at the rate of \$4.00 for every five(5) minutes before 6:45 a.m. (\*\* NEW in 2018-19 \*\*)

If a child is not picked up by 5:30 p.m., a late fee will be assessed at the rate of \$4.00 for every five (5) minutes after 5:30 p.m.

**Students from Immanuel and Holy Rosary:** parents may purchase \$15, \$30, and \$45 punch cards at the CLC site. Parents may also pay on a daily basis. A reminder note will be placed in the students' homework folder or assignment notebook when there are two or less days remaining on the punch card.

**Students from MAES, MAMS and SES:** CLC fees are withdrawn directly from the student's lunch account. Parents should make additional payments into their child's lunch account to cover the cost of CLC. Reminder phone calls will be made on Fridays if the account falls into a negative balance.

**Health Release:** I understand that the Medford & Stetsonville CLC Program claims no responsibility for injuries or illnesses which my child may sustain as a result of his / her participation in any before or after school activities, programs, clubs, and the use of any equipment, exercise or other activities. I acknowledge that I assume the risk for any and all injuries which may result from his/ her participation in these activities. In consideration of the privilege of participating in the CLC Program, I hereby voluntarily discharge the Medford & Stetsonville CLC Program, its agents, volunteers and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his / her participation in these activities. A parent / guardian must discuss with the CLC Coordinator any special conditions or circumstances involving their child prior to participating in the CLC Program.

I hereby give permission to the medical personnel selected by the CLC Coordinator to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the CLC Coordinator to secure and administer treatment, including hospitalization, for my child.

The health history is correct so far as I know, and the person herein described has permission to engage in all CLC activities, except as noted.

**Photography, Video and Media Release:** I give permission to the Medford & Stetsonville CLC Program, without limitation or obligation to use, photographs, video footage, or tape recordings which may include my child's face or voice for purposes of promoting or interpreting CLC Programs and relate the CLC Program from any claim or liability from that use.

### **\*Parent / Guardian Note to Teacher\***

Please give your child's daily school teacher, or eighth hour teacher at MAMS, a note stating what days your child will be attending CLC. This allows the teacher to know whether to send your child to the CLC Program or home on the school bus.