



RecPlex Before/After School & Days Off Registration

RecPlex- 9900 Terwall Terrace-Pleasant Prairie, WI 53158-262-947-0437-www.recplexonline.com

Office Use Only

Registration Fee ☐
CSI Roster ☐
Billing ☐ Staff Initials: _____
Spreadsheets ☐
Email ☐
Childcare Manager ☐

Please print

Child # 1 Full Name _____ Birth date: _____ Fall '18 Grade: ____ Boy ☐ Girl ☐
School _____ Teacher _____ Child's Program Start Date ____/____/____
Trail I (K4 & K5) ☐ Trail II (1st) ☐ Tykes (2nd) ☐ Juniors (3rd & 4th) ☐ Seniors (5th & up) ☐

****If your child will need K4 care, please complete the trailblazer request form. The trailblazer request form must be approved by Youth Department before registering your child.**

Family Information

Legal Guardian #1 First and Last Name: _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email (s) _____
Employer: _____ Address: _____

Legal Guardian #2 First and Last Name: _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email (s) _____
Employer: _____ Address _____

Child #1 Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Special Custody Information: _____

Hospital: _____

NOTE: If child(ren) require medication you must fill out the **MEDICATION AUTHORIZATION FORM**. Request from Youth Services Coordinator or at RecPlex Guest Services.

Emergency Information (other than legal guardian(s) listed above)

Contact #1 Name: _____ Address _____
Relationship to Child: _____ Home Phone: _____ Cell Phone: _____
Contact #2 Name: _____ Address _____
Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Guardian(s) and Emergency contacts are considered authorized to pick up. Please list any additional authorized to pick up below

Authorized Pick Up Name _____
Authorized Pick Up Name _____
Authorized Pick Up Name _____
Authorized Pick Up Name _____



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Child #1: Health History Form

Child's Name: _____

About healthcare for short-term childcare:

- At a minimum, a staff-member with CPR, AED and First Aid training is in the facility at all times.
- Children should arrive ready to participate in all activities during the program time. If your child cannot participate in a certain activity, please alert the program staff in writing. We will do our best to provide another activity such as reading, puzzles, coloring, etc.
- Please print your child's name on the prescription bottle or container.

Is this child allergic to any food or medication? (Please circle one) Yes No

If yes, name the item and indicate the reaction _____ Intolerance or Anaphylaxis
_____ Intolerance or Anaphylaxis
_____ Intolerance or Anaphylaxis

Does your child have asthma? (Please circle one) Yes No

If yes, will your child carry a rescue inhaler during the camp session? (Please circle one) Yes No

If yes, does your child need staff help to use that rescue inhaler? (Please circle one) Yes No

If yes, what triggers your child's asthma? _____

Please list any medications that your child takes on a routine basis.

Med: _____ Reason for taking med: _____

Med: _____ Reason for taking med: _____

Med: _____ Reason for taking med: _____

What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all before and after school activities except as noted on this form. I understand that the before and after school program has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian _____ Date: _____

Child # 2 Full Name _____ **Birth date:** _____ **Fall '18 Grade:** ____ **Boy** ☐ **Girl** ☐
School _____ **Teacher** _____ **Child's Program Start Date** ____/____/____

Trail I (K4 & K5) ☐ **Trail II (1st)** ☐ **Tykes (2nd)** ☐ **Juniors (3rd & 4th)** ☐ **Seniors (5th & up)** ☐

****If your child will need K4 care, please complete the trailblazer request form. The trailblazer request form must be approved by Youth Department before registering your child.**

Below information is the same as child #1: ☐

Family Information

Legal Guardian #1 First and Last Name: _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Email (s) _____

Employer: _____ **Address:** _____

Legal Guardian #2 First and Last Name: _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Email (s) _____

Employer: _____ **Address** _____



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Below information is the same as child #1: ☐

Child #2 Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Special Custody Information: _____

Hospital: _____

NOTE: If child(ren) require medication you must fill out the **MEDICATION AUTHORIZATION FORM**. Request from Youth Services Coordinator or at RecPlex Guest Services.

Emergency Information (other than legal guardian(s) listed above)

Contact #1 Name: _____ Address: _____

Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Contact #2 Name: _____ Address: _____

Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Guardian(s) and Emergency contacts are considered authorized to pick up. Please list any additional authorized to pick up below

Authorized Pick Up Name _____

Authorized Pick Up Name _____

Authorized Pick Up Name _____

Authorized Pick Up Name _____

Child #2: Health History Form

Child's Name: _____

About healthcare for short-term childcare:

- At a minimum, a staff-member with CPR, AED and First Aid training is in the facility at all times.
- Children should arrive ready to participate in all activities during the program time. If your child cannot participate in a certain activity, please alert the program staff in writing. We will do our best to provide another activity such as reading, puzzles, coloring, etc.
- Please print your child's name on the prescription bottle or container.

Is this child allergic to any food or medication? (Please circle one) Yes No

If yes, name the item and indicate the reaction _____ Intolerance or Anaphylaxis

_____ Intolerance or Anaphylaxis

_____ Intolerance or Anaphylaxis

Does your child have asthma? (Please circle one) Yes No

If yes, will your child carry a rescue inhaler during the camp session? (Please circle one) Yes No

If yes, does your child need staff help to use that rescue inhaler? (Please circle one) Yes No

If yes, what triggers your child's asthma? _____

Please list any medications that your child takes on a routine basis.

Med: _____ Reason for taking med: _____

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What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

Parent/Guardian Authorization

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Signature of Parent/Guardian _____ Date: _____



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General Information and Pricing

Schools Serviced by RecPlex Before and After School Care *

(New schools may be accepted by management; request below)

1	Bristol	9	Roosevelt
2	Christian Life	10	Vernon
3	Grewenow	11	Whittier
4	Jeffery		
5	Mahone		
6	Nash		
7	Pleasant Prairie		
8	Prairie Lane		

Request a School _____

* Please note: RecPlex reserves the right to require 5 students per day from one school in order to provide transportation. No new schools will be started with out 5 children registered. Parents will be notified a month in advance if a current school falls below level and transportation will no longer be provided.

_____ Initials

Enrollment Fee: The registration fee varies depending on time of enrollment. The fee ranges from \$35-\$75 per child per school year. This fee is to secure you a spot in the program. This fee is NON-REFUNDABLE and must be paid prior to enrolling your child into the program.

July 24th- August 3rd: \$35

August 4th- August 17th: \$55

After August 17th: \$75

Transportation Fee: You have the option to pay in full or for each ride individually. Below is the pricing.

AM Transportation Only (\$125)

PM Transportation Only (\$150)

Transportation for both AM & PM (\$225)

Daily Transportation (\$2 per ride/per child)

****If your child attends Pleasant Prairie Elementary School (Kindergarten-5th Grade), no transportation fee is required. However, if your child attends K4, the transportation fee is required.

Care Calendars: Please note that the calendars have a section for entering your child's name and school. These calendars must be filled out and submitted via email or in person at the main desk. Failure to submit calendars by stated deadline will result in \$25 processing fee per calendar/per child. Calendars are used to reserve your child's care. Care calendars are available online (recplexonline.com) under the tab labeled "childcare and education" and will also be emailed out to families. Below are the calendar due dates:

August & September- With packet

October- Wednesday, September 19th

November- Wednesday, October 17th

December- Wednesday, November 14th

January- Wednesday, December 12th

February- Wednesday, January 16th

March- Wednesday, February 13th

April- Wednesday, March 13th

May- Wednesday, April 17th

June- Wednesday, May 15th

Program Credits/Refunds: There are **no credits given unless** it is medically related. Sickneses (cold, flu, strep, conjunctivitis, etc., do not apply) If it is for medical reasons, a doctor's note must accompany the Household Credit form may be filled out by guest services (available at the Guest Services Desk, must be approved by management).

Parent Nights: Youth Management will be available to assist you in filling out your packet! Below are the dates. If you are unable to make a meeting and have questions regarding the program, please feel free to contact Jackie Hill (jhill@pleasantprairiewi.gov) or Mallory Vagnoni (mvagnoni@pleasantprairiewi.gov).

Date: **Thursday, August 2nd**

Time: 5:30-7:00p

Location: Penguin Room

Registration Fee: \$35

Date: **Wednesday, August 15th**

Time: 5:30-7:00p

Location: Polar Bear Room

Registration Fee: \$55



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Before School begins at 6am-----After school ends at 6:30pm

Grade School and Middle School --Explorers

<u>AM Care</u>	<u>Mem/Non</u>	<u>PM Care</u>	<u>Mem/Non</u>
Daily:	\$9 / \$13	Daily:	\$16 / \$24
Weekly:	\$35 / \$50	Weekly:	\$70 / \$90
(Includes early release Fridays KUSD)			
Half Days (including Fridays): \$25/\$30 Daily			
School Days Off: \$45 / \$55 Daily			

K4 Program --Trailblazers

<u>AM Care</u>	<u>Mem/Non</u>	<u>PM Care</u>	<u>Mem/Non</u>
Daily:	\$28/ \$34	Daily:	\$28/ \$34
*Weekly:	\$85/ \$115	* Weekly:	\$85 / \$115
*(4 Days only, no K4 Program on Fridays)			
Fridays Full day Care Available: \$45/ \$55 Daily			
(must be added to weekly price if attending on Fridays.)			
School Days Off: \$45 / \$55 Daily			

*****Late pick-up fee: \$10 every 15 minutes past 6:30PM*****

THE FOLLOWING SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

____ I hereby give permission to the RecPlex to transport the child named above off the RecPlex property for the purpose of medical care or program activities as deemed appropriate by the RecPlex Management. I hereby authorize the program to provide for and secure treatment of all health issues that arise while in the program for child named above. In the event that I cannot be reached in an emergency, I give permission to the physician selected by RecPlex Management to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that the RecPlex does not provide accident/medical insurance for the child named above. Medical bills will be the responsibility of the parent or guardian named below.

____ Rules for participants are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all children will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that RecPlex reserves the right to dismiss a child from the program whose needs they are not able to provide for or whose conduct is not in the best interest of the childcare community, without refund. I will notify the Youth Director if my child has any serious restrictions related to his/her participation in the program.

____ I am aware of the following policies regarding fees: Registration fees are non-refundable; no refunds will be given for programs, unless there is a medical exception provided by a medical doctor. Parents must give one week notice to cancel their child's enrollment from automatic pay. No refunds are given if a child is dismissed from the program due to disciplinary action; no refunds are given if the child leaves early due to illness or personal commitments. I authorize the RecPlex to charge any fees due at the time to my credit card on file (if applicable). I understand that the RecPlex has a minimum number of 5 children from a particular school to ensure transportation.

____ Failure to submit calendars by stated deadline will result in \$25 processing fee per calendar/per child. Calendars are used to reserve your child's care.

____ The RecPlex has my permission to use photographs taken of my child while in the program for promotional purposes.

____ I hereby release the RecPlex of all liability.

We or I (Parents/Guardians) have read and agree to all conditions of this registration and understand the RecPlex Before and After school Policies.

Signature of Parent/Guardian: _____ **Date** _____



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Disciplinary Policy and Procedures

Child Guidance Policy

1. Counselors are aware of where the children are at all times
2. Children are supervised in both group and individual settings.
3. Counselors "redirect" and encourage children to talk/ work through the situation together (i.e.: "Please don't do that...", "I don't like when you don't ...").
 - "Redirection" means directing the child's attention to a different activity, unlike a "Time-Out", which removes a child from the situation in a non-humiliating manner in order to interrupt the unacceptable behavior.
4. If a child is arguing and/or causing harm to other children or employees (i.e.: biting, hitting), a "time-out period" may be used. Time-Out periods will not exceed in minutes the child's age.
5. If after re-direction, modeling, and a time-out, the behavior has not improved, parents will be informed and a group goal will be determined.

Actions Taken

1. **First Offense:** Verbal Warning
2. **Second Offense:** Loss of Activity (a minute for each year/ parents will be informed)
3. **Third Offense:** Behavior Report/Write-Up and Phone Call to Parents
4. **Fourth Offense:** Conference with Youth Supervisor

(Steps may be skipped depending on the severity of the incident)

Withdrawal or termination

A child can be removed from the program in the following ways:

1. By the parent (No refund will be given for unused care).
2. By the RecPlex if:
 - a. The child's needs are not being met
 - b. Parent/child does not follow program policies
 - c. The Youth Supervisor and staff find the child's actions threaten the health or safety of other children/employees.
3. By mutual consent
 - a. The Youth Supervisor and parents decide the child will be better served elsewhere.
4. Verbal or physical abuse towards staff or teachers from parent/guardian or child.

Any abuse or violence will not be tolerated and is considered immediate grounds for dismissal from the program

Poor behavior detracts from the experience of your child and the other children. Our goal is to ensure a safe, fun, and enjoyable experience for everyone through positive behavior. Thank you in advance for your cooperation and understanding.

We or I (Parents/Guardians) have read and agree to all conditions of this disciplinary policy.

Signature of Parent/Guardian: _____

Date: _____



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Electronic Policy

The purpose of the RecPlex Before & After School Program/School Days-Off is to offer a safe and enjoyable atmosphere where children have the opportunity to participate in activities such as: swimming, gym games, outdoor play and crafts. Our goal is to provide children with a place to develop life skills including independence and self-reliance all while prompting socialization between children.

In order to achieve our goals, we decided that our Before & After School Program will be "un-plugged".

Our Electronics Policy is designed to:

- Encourage your children to spend more time being active
- Promote socialization between children
- Reduce the stress associated with the damage to and theft of electronics
- Give your children a much-needed break from the world of technology
- Ensure that your children are not exposed to age-inappropriate material

As a participant of our Before & After School Program/School Days-Off you and your children are agreeing to follow our no electronics policy while participating in our programs. Children participating in the Before & After School Program/School Days-Off will not be allowed to bring their: game devices, music players, laptops, tablets, and cell phones. If a cell phone is brought into the program with its main intent to be used for communication with parent, the family must have a written agreement with the Program Supervisor, prior to the use of any cell phone use. If a child has approval to carry a cell phone with them for parental communication, it is the parent's responsibility to explain to their child that the phone may only be used for communication with them. Staff will be notified as to which children have approval to carry phones on them for parent communication only.

Failure to follow the above guidelines will result in participant's electronics being taken away and stored in the Youth Office until parent pick up.

I hereby understand and agree to the above information regarding the Before & After School/School Days-Off Program.

Signature of Parent/Guardian: _____

Date: _____



RecPlex Before and After School Care Payment Form /Automatic Payment Options

Please fill out completely to avoid delays in reserving space!

Child Full Name: _____ Start Date: _____

Child Full Name: _____ Start Date: _____

*** RecPlex Before and After School Care calendars must be submitted for each child in order to start the program. The exclusion of calendars will result in inability to enroll in the program.

***If you would like to add-on additional days or a change occurs to your child's schedule, please email Jackie Hill (jhilli@pleasantprairiewi.gov) two weeks prior to the week of care to allow your account to be charged accordingly.

Parent/Guardian Name: _____

Email Address: _____

I would like the following items to be billed to the payment option (1-3) I have selected below:

Registration Fee (\$35-\$75): ☐

Transportation Options:

AM Transportation (\$125): ☐

PM Transportation (\$150): ☐

Transportation for both AM & PM (\$225): ☐

Daily Fee (\$2 per ride/per child): ☐ (Billed out weekly to selected payment option below)

***If your child attends Pleasant Prairie Elementary School (Kindergarten-5th Grade), no transportation fee is required. However, if your child attends K4, the transportation fee is required.

Please select one of the options below. (Restrictions apply to each option.)

Option 1: Automatic Check Withdrawal Weekly ☐

Checking Account Information: Attach a voided check to this form

Account number: _____

Routing number: _____

Bank Name: _____

Option 2: Payment by Automatic Credit/Debit Card Weekly (Enter Card Information and sign below) ☐

Card Type: Please circle one VISA MASTERCARD DISCOVER

Cardholders Name (print): _____

C.C. Financial Institution (bank name on credit card): _____

Credit Card #: _____

Expiration Date: _____

Billing Address: _____

I hereby authorize the RecPlex and the financial institution designated above to begin automatic deductions from the account designated above for all Before and After School participants listed on this form. I understand my checking account or credit card will be charged weekly. I understand that my monthly checking account or credit card statement will typically show the amount and the date payment was made to the RecPlex. I understand that I am responsible for ensuring that the account designated above has sufficient funds on a weekly basis to allow for the automatic deduction of my payment. I understand that if there are any changes to my account I will notify the Youth Supervisor in writing 2 weeks prior to my scheduled weekly automatic payment deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I am the parent/guardian and agree to the terms of this document.

Account Holder Signature _____ Date _____



RecPlex Before and After School Care Payment Form /Automatic Payment Options

Please fill out completely to avoid delays in reserving space!

Lunches- In order for your child to receive lunches, you must provide us with credit card information. Lunches will be billed out weekly. **If you do not have a credit card on file for weekly billing, fill out the information below to allow your child to receive lunches.**

Card Type: *Please circle one* VISA MASTERCARD DISCOVER

Cardholders Name (print): _____

C.C. Financial Institution (bank name on credit card): _____

Credit Card #: _____

Expiration Date: _____

Billing Address: _____

Registration Agreement

____ I agree to the policies and procedures set forth in the RecPlex Before and After School Policies and acknowledge that my child is self-sufficient with regard to toileting, eating and dressing. My child and I have discussed and understand that while participating at RecPlex programs, the staff is in charge. My child is aware that any rules and/or instructions made by a staff member are to be followed. I accept the RecPlex Before and After School behavior policy. I give permission for my child to ride to and from RecPlex in buses and company vehicles. RecPlex also has my permission take my child on field trips. I agree to provide a booster seat for my child if necessary. I will be notified in advance when any field trips take place. RecPlex has my permission to use any photographs of my child taken during the program or during any activity the program sponsors for the purpose of display or publicity.

____ **Emergency Treatment:** I grant RecPlex permission to administer emergency treatment to my child. This may include, but is not limited to, emergency first aid, local rescue or local hospital/trauma center.

____ **Agreement:** I understand this registration form is a contract for child care on specific days and weeks and that I am liable for the cost regardless of whether or not my child attends. I agree to pay RecPlex my weekly tuition in advance. I understand that there is no credit or refund given for absences, vacations or holidays. Further, I am responsible for payment of all days and weeks that I have indicated or added. Two (2) week's advance notice is required in writing to change my child's schedule or withdraw from the program. I understand I am liable for these charges if two week's notice is not given for any changes in scheduled attendance or withdrawal from the program.

____ **Payment:** Returned checks or declined credit card payments will incur a \$25 fee, plus you will be required to make payment in full for past due amounts in addition to one week's tuition in advance before readmitting your child to the program.

____ By completing and signing the Registration form, I (parent or guardian) understand and agree to the terms, policies and guidelines set forth in the RecPlex Before and After School policies flyer and Registration form. I agree to be responsible for all costs incurred with collecting debts more than 30 days past due, including but not limited to, fees for late payments, uncollected payments, filing fees, court costs, and attorney's fees.

By signing below you understand and agree to Village of Pleasant Prairie/RecPlex payment terms and authorize Village of Pleasant Prairie/RecPlex to process your payments weekly prior to your child's participation in the program. Village of Pleasant Prairie/RecPlex will securely maintain your financial information. Parents/Guardians are responsible for updating with RecPlex any changes to your payment information, including credit card number; expiration date, credit card verification number, checking account information, and billing address changes.

Check Here: ☐ I have read and agree to Before and After School Registration Form.

Print Name: _____

Legal Guardian Signature: _____ Date: _____

August/September- Before and After School 2018-2019

Child's Name: _____ **Grade:** _____ **School:** _____

When circling the days your child will be attending, please mark whether they will be attending, AM care, PM care or Both.

August/September calendars are due with registration packet

Failure to submit calendar by stated deadline will result in a \$25 processing fee per calendar/ per child.

Calendars are used to reserve your child's care.

August

Monday	Tuesday	Wednesday	Thursday	Friday
27 AM PM	28 AM PM	29 AM PM	30 AM PM	31 AM PM
CLS 1st Day of School (Noon Dismissal)				

September

Monday	Tuesday	Wednesday	Thursday	Friday
3 AM PM	4 AM PM	5 AM PM	6 AM PM	7 AM PM Full Day
NO PROGRAM	KUSD 1st Day of School Bristol 1st Day of School			KUSD Elementary HALF DAY
10 AM PM	11 AM PM	12 AM PM	13 AM PM	14 AM PM Full Day
				KUSD Elementary HALF DAY
17 AM PM	18 AM PM	19 AM PM	20 AM PM Full Day	21 AM PM Full Day
			CLS NO SCHOOL	CLS NO SCHOOL KUSD Elementary HALF DAY Bristol NO School for K4 and K5
24 AM PM	25 AM PM	26 AM PM	27 AM PM	28 AM PM Full Day
				KUSD Elementary HALF DAY