

## 2019-2020 AM ACTION PROGRAM REGISTRATION FORM - ELEMENTARY SCHOOLS

Program starts at 7am • All students must be signed in by an adult

### Enrollment Information *Please print clearly*

AM Action School Location Student Attends \_\_\_\_\_  
 Date child will begin AM Action \_\_\_\_\_ (1 business day wait before attending if paying after a quarter deadline)  
 Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Person Paying \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  YES, Please sign me up for the Monthly E-Newsletter

### Fees: \$200/Child -Please select your payment option

- Payment Option 1:** You may pay for the year in full at the time of registration. This would secure your child's spot in the program for the year.
- Payment Option 2:** You may elect to make quarterly payments. 4 payments throughout the school year to cover the program fee of \$200. This option provides you the flexibility to enroll for a quarter at a time, however does not guarantee a spot in the program for future quarters. Please select what quarter(s) you are paying for at the time of enrollment.

#### Payment Option 2 Due Dates: \$50 per quarter per child enrolled in the program

- Quarter 1: 9/3-11/6**     **Quarter 2: 11/7-1/23**     **Quarter 3: 1/24-3/30**     **Quarter 4: 3/31-6/5**  
 (DUE 8/28)                      (DUE 11/5)                      (DUE 1/22)                      (DUE 3/27)

Failure to meet payment deadlines will result in your child being unenrolled from the program. Late payments (after the listed payment due dates) will result in a one day waiting period for your child to attend the program again. Once a quarter begins, no refunds will be given. Payment for future quarters may be done at any time.

**Make checks payable to the WAWM RCS Department**                       **Check**     **Cash**     **Credit Card\***

\*Credit card used online, in person or by phone only.

Allergies or Medical Concerns \_\_\_\_\_

### Emergency Contact Information

In the event of an illness or emergency, we will always attempt to contact the parent listed below first. If the parent cannot be reached, please indicate who we have permission to contact in order of preference.

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell/Work  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Cell/Work  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Cell/Work  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Cell/Work

**The signature of a parent/guardian is required for youth registration. I, the undersigned or parent/guardian of the individual(s) named above, do hereby agree to indemnify and hold harmless the West Allis-West Milwaukee School District and its employees, officers and agents from and against any and all liability resulting from participation in the activities listed above. I understand that the program(s) in which I am enrolling. Like all activity programs, have some inherent risk, for which I agree to assume the liability. Furthermore, the individual named herein is in good physical health appropriate for the activities in which they will be participating. I understand that the West Allis - West Milwaukee School District does not provide accident insurance.**

Signature (Parent/Guardian of minor listed above) \_\_\_\_\_