

2019-2020 ACTION 330 AFTER SCHOOL PROGRAM REGISTRATION FORM - ELEMENTARY

Enrollment Information

PM Action School Location Student Attends _____
 Date child will begin PM 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: \$250/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 \$250. 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: \$62.50 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 _____

Pick Up Information

It is the responsibility of the parent to notify staff of who will be picking up your child and if any changes are being made. Indicate the people that are authorized to pick up your child. Students enrolled in Action 330 are not able to sign themselves out.

Parent Name _____ Phone # _____ Cell/Work
 Name _____ Relationship _____ Phone # _____ Cell/Work
 Name _____ Relationship _____ Phone # _____ Cell/Work
 Name _____ Relationship _____ Phone # _____ Cell/Work

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) _____