



**Racine Unified School District  
J. I. Case High School AfterZone Program  
Student Registration Form  
2015-2016 School Year**

I am registering for: \_\_\_\_\_  
(Fees apply. See back for details.)

<b>Student Information</b>			
Student Name:	Last	First	Middle
Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current School Attending (Daytime):		Grade Level:	
Does your child have special needs or restrictions on activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain; list any allergies, meds, etc.</i>			

<b>Parent/Guardian Information</b>			
Parent/Guardian Name(s): _____			
Address: _____			
Street	Apt#	City/State	Zip
Home #:	Cell #:	Email:	

<b>Emergency Contact Information</b>			
1 <sup>st</sup> Contact's Name: _____		Relationship to Child: _____	
Phone # _____	2 <sup>nd</sup> Phone # _____	Pick-up Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 <sup>nd</sup> Contact's Name: _____		Relationship to Child: _____	
Phone # _____	2 <sup>nd</sup> Phone # _____	Pick-up Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check box if <b>legal restrictions</b> are in effect. List person(s) not permitted to contact or pick up student per legal restrictions.			
Name: _____			

<b>Student Lives With</b> (check 1)	
<input type="checkbox"/> Both Parents	
<input type="checkbox"/> Single Parent - father	
<input type="checkbox"/> Single Parent - mother	
<input type="checkbox"/> Guardian's	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Other _____	

<b>Transportation Home</b> (check 1)
<input type="checkbox"/> Picked up (signed out by approved contact)
<input type="checkbox"/> Walk home (signed permission from parent)
<input type="checkbox"/> Activity Bus ( <i>*Transportation subject to qualification and subject to change</i> )

<b>Photograph Consent</b>
I give consent to take my child's photograph during program activities, to be used for education and public relations purposes.
<input type="checkbox"/> Yes <input type="checkbox"/> No

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Student Registration Form Continued**

**Fee Information:** There is a per class fee per 10-week enrichment class in AfterZones. The fees are based on your child's *individual* lunch status.

**AfterZone:** The per class per 10-week fee is:

- \$10 for full pay lunch status
- \$5 for reduced lunch status
- no charge for free lunch status.

There is no charge for Study Centers and Credit Recovery.

Families will be invoiced per module (10 weeks). If fees become more than one month late, your child will not be allowed to attend until the fees are paid. Fees are non-refundable and will not be prorated.

We will work with families regarding payments if there is a hardship. Parents/Guardians are asked to bring documentation to the Extended Learning Office - RUSD Administrative Service Campus – 3109 Mt. Pleasant St. - Building 1 for any of the reasons listed below:

- 6 month reporting letter that shows you receive Food Share or W2 payments
- Letter stating unemployment status
- Verification that an adult family member is receiving SSI or SSDI
- Families providing care of foster child(ren)
- FIT family

If you have any questions or concerns regarding fees, please contact our office at 262-664-6991.

**\*PLEASE READ CAREFULLY -- Must be completed by Parent/Guardian for participants 17 and under**

I hereby give permission for my child listed on this form to take part in the activities, which may include off-site events, academic assistance, continuing education and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the child and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of my child listed on the front, I will notify the CLC staff immediately. I further understand that all fees are non-refundable. I give my consent to the CLC program to share my child's records for purposes of educational support and assistance. In addition, I understand that the CLC may use my child's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program. I hereby certify that I have read and understand the above information:

**I understand that completing the Registration Form does not guarantee my child's placement in the Program. Students are not considered enrolled until a completed registration form is turned in and a confirmation letter is received by the parent.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student: \_\_\_\_\_



**Office Use Only**

Date Received \_\_\_\_\_

Initial \_\_\_\_\_