

RUSD Extended Learning Program Registration Form Continued

Parent/Guardian Information

Parent/Guardian Name(s): _____

Address: _____
Street Apt# City/State Zip

Home #: _____ Cell #: _____ Email: _____

Additional Emergency Contact Information

Contact's Name: _____ Relationship to Child: _____

Phone # _____ 2nd Phone # _____ Pick-up Child: Yes No

Contact's Name: _____ Relationship to Child: _____

Phone # _____ 2nd Phone # _____ Pick-up Child: Yes No

Check box if legal restrictions are in effect. List person(s) not permitted to contact or pick up student per legal restrictions.

Name(s): _____

Extended Learning Fee Information: Fees are based on your child's *individual* lunch status.

• **Sites with Weekly Fees - The fee per week is \$10 for full pay lunch status, \$5 for reduced lunch status and \$0 for free lunch status.**

• Families will be invoiced monthly. Fees are non-refundable and will not be prorated.

• If you have any questions or concerns regarding fees or if you are unsure of your lunch status, please contact our office at 262-664-6991.

***PLEASE READ BELOW 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 staff immediately. I further understand that all fees are non-refundable. I give my consent to the program to share my child's records for purposes of educational support and assistance. In addition, I understand that the program 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 Extended Learning Program 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: _____