

Available at both Cumberland and Richards Schools

School's Out Care and Early Release programs are offered at both sites when school is not in session. Bring a bag lunch and dress to be active. Please send appropriate attire for the weather. Over winter and spring breaks, the program will be condensed to one site. All students from both Richards and Cumberland are welcome to participate. A minimum number of participants may be required in order for this program to be held and maximum capacity may be reached.

Registration/Payment

Space is limited and the deadline to register is 7 days prior to the care date. A \$10 late fee will be applied for each individual day of care, per child, for registrations received after the deadline. Payment is due at the time of registration. Your household account must have a \$0 balance in order to register. The Rec Department does NOT keep your credit card information on file. Please fill out payment information in full. Program withdrawal requests will be honored one week prior to the day off and will result in a household credit. Withdrawal requests after the deadline will result in a forfeiture of paid fees.

Early Release Days/K4 Students

Children enrolled in K4 do NOT attend school on Early Release days. It is considered a No-School Day for K4. Only full-day care is available.

District Holidays

The school district will be closed and care is not available on the following district holidays: September 6, November 25, 26, December 24, 31, April 15 and May 30.

Full Day Rate	Program Time
\$55 per child	7:00am-6:00pm

Early Release (ER) Rate Program Time

\$30 per child 11:30am-6:00pm Cumberland 11:35am-6:00pm Richards

Completed registrations may be delivered to the Recreation Department by fax (414-963-3937), mail or in-person drop off. They can also be emailed to Amy Pequignot at amy.pequignot@wfbschools.com. Completed registrations should **NOT** be turned in at the Connects sites.

A completed Health and Emergency Care plan for non-Connects students must be submitted for your child to attend.

2021-2022 School's Out Care

Available for ALL Cumberland & Richards students

□ Richards (code 588200)

	Cumberland (code 599200)				
Is your child currently in Connects? YES or NO					
Child's Name					
Grade_	Teacher_				

ER=Early Release *Note: Winter Break/Spring Break location

Ch	Check Dates Needed		Check Dates Needed	
	Sept 7 (A1)		Mar 18 (B8)	
	Oct 27-ER – K5-5 th (A2)		*Mar 21-Richards site (B9)	
	Oct 27-K4-No School (A2)			
	Oct 28 (A3)		*Mar 22- Richards site (C1)	
	Oct 29 (A4)		*Mar 23- Richards site (C2)	
	Nov 24 (A5)		*Mar 24- Richards site (C3)	
	Nov 29 (A6)		*Mar 25- Richards site (C4)	
	*Dec 27- Cumberland (A8)		*Mar 24- Richards site (C3)	
	*Dec 28- Cumberland (A9)		Apr 13-ER-K5-5 th (C5)	
			Apr 13-K4-No School (C5)	
	*Dec 29- Cumberland (B1)		Apr 14 (C6)	
	Jan 17 (B3))		Apr 18 (C7)	
	Jan 21-ER – K5-5 th (B4)		June 10-ER-K5-5th (C8)	
	Jan 21-K4-No School (B4)		June 10- K4-No School (C8)	
	Jan 24 (B5)			
	Feb 25 (B7)			

Card Number	
Cardholder's Name	Exp. Date
Signature	

Registrations will not be processed without complete payment information listed above or check attached. Please make checks payable to WFB Recreation.

Credit card numbers are NOT kept on file.

2021-2022 Whitefish Bay School Days Out - Health and Emergency Care Plan

(Please complete if your child is **NOT** currently enrolled in Connects.)

Child's Name:		Teacher:	
School:	Grade:	_Email Address:	
Home Address:			
Parent/Guardian:		Relationship:	
Cell Phone:		Home Phone:	
Employer:		Work Phone:	
Parent/Guardian:		Relationship:	
Cell Phone:		Home Phone:	
Employer:		Work Phone:	
Authorized Pick-Up (Valid I.D. required	at pick-up)		
Name:	Relationship:		
Cell Phone:		Home/Work Phone:	
Name:		Relationship:	
Cell Phone:		Home/Work Phone:	
Special Accommodations Needed:			
Emergency Contact #1: Name: Relat	de autoria.	Health History	
Name: Relat	ionsnip:	Allergies:	
Cell:Home/Work	r Phone:	Medications:	
Emergency Contact #2:		Doctor's Name:	
Name:Relati	ionship:	Phone:	
Cell:Home/Work	c Phone:		
		☐ I give the Connects Before and After School Staff	
Walking Field Trips:		permission to seek medical attention for my child in	
☐ My child has permission to go	on walking field trips.	case of emergency.	
Parent/Guardian Signature		Date	