

RecPlex Before/After School & Days Off Registration

RecPlex- 9900 Terwall Terrace-Pleasant Prairie, WI 53158-262-947-0437-www.recplexonline.com

Steps to Register

1. Complete the registration packet including the automatic payment form
2. Each child must have their schedule filled out including their start date
3. You will receive an email confirmation once your child is registered for the 2020-2021 RecPlex Before and After School Program

Office Use Only	
Registration Fee	<input type="checkbox"/>
CSI Roster	<input type="checkbox"/>
Billing	<input type="checkbox"/> Staff Initials: _____
Spreadsheets	<input type="checkbox"/>
Email	<input type="checkbox"/>
Smartcare	<input type="checkbox"/>

Please print

Child # 1 Full Name _____ Birth date: _____ Fall '20 Grade: ___ Boy Girl
 School _____ Teacher _____ Child's Program Start Date ___/___/___
 Trail I (K4 & K5) Trail II (1st) Tykes (2nd) Juniors (3rd& 4th) Seniors (5th & up)

****If your child will need K4 care, please complete the trailblazer request form. The trailblazer request form must be approved by Youth Department before registering your child.**

Family Information

Check box if information is same as on file from 2019 School Year or 2020 Summer Camp. If not, complete information below

Legal Guardian #1 First and Last Name: _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email (s) _____
 Employer: _____ Address: _____

Legal Guardian #2 First and Last Name: _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email (s) _____
 Employer: _____ Address _____

Child #1 Lives With: Both Parents Mother Father Guardian
 Special Custody Information: _____

Hospital:

NOTE: If child(ren) require medication you must fill out the **MEDICATION AUTHORIZATION FORM**. Request from Youth Services Coordinator or at RecPlex Guest Services.

Emergency Information (other than legal guardian(s) listed above)

Contact #1 Name: _____ Address _____
 Relationship to Child: _____ Home Phone: _____ Cell Phone: _____
 Contact #2 Name: _____ Address _____
 Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Guardian(s) and Emergency contacts are considered authorized to pick up. Please list any additional authorized to pick up below

Authorized Pick Up Name _____
 Authorized Pick Up Name _____
 Authorized Pick Up Name _____
 Authorized Pick Up Name _____

How did you hear about the RecPlex Before and After School Program?

Returning Participant Flyer Facebook Post Play-by-Play Word of Mouth



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Child #1: Health History Form

Child's Name: _____

About healthcare for short-term childcare:

- At a minimum, a staff-member with CPR, AED and First Aid training is in the facility at all times.
- Children should arrive ready to participate in all activities during the program time. If your child cannot participate in a certain activity, please alert the program staff in writing. We will do our best to provide another activity such as reading, puzzles, coloring, etc.
- Please print your child's name on the prescription bottle or container.

Is this child allergic to any food or medication? (Please circle one) Yes No

If yes, name the item and indicate the reaction _____ Intolerance or Anaphylaxis

_____ Intolerance or Anaphylaxis

_____ Intolerance or Anaphylaxis

Does your child have asthma? (Please circle one) Yes No

If yes, will your child carry a rescue inhaler during the camp session? (Please circle one) Yes No

If yes, does your child need staff help to use that rescue inhaler? (Please circle one) Yes No

If yes, what triggers your child's asthma? _____

Please list any medications that your child takes on a routine basis.

Med: _____ Reason for taking med: _____

Med: _____ Reason for taking med: _____

Med: _____ Reason for taking med: _____

**If your child needs to take medicine while attending the Before or After School Program, a medication form must be completed. Medication forms can be found online or by emailing the Youth Supervisor (jhill@pleasantprairiewi.gov).

What else should we know about your child? Please write additional information about your child's health or behavior that may impact your child's participation in our program:

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all before and after school activities except as noted on this form. I understand that the before and after school program has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian _____ Date: _____



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Child # 2 Full Name _____ Birth date: _____ Fall '20 Grade: ___ Boy Girl
School _____ Teacher _____ Child's Program Start Date ___/___/___

Trail I (K4 & K5) Trail II (1st) Tykes (2nd) Juniors (3rd& 4th) Seniors (5th & up)

****If your child will need K4 care, please complete the trailblazer request form. The trailblazer request form must be approved by Youth Department before registering your child.**

Below information is the same as child #1:

Family Information

Legal Guardian #1 First and Last Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email (s) _____

Employer: _____ Address: _____

Legal Guardian #2 First and Last Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email (s) _____

Employer: _____ Address _____

Below information is the same as child #1:

Child #2 Lives With: Both Parents Mother Father Guardian

Special Custody Information: _____

Hospital: _____

NOTE: If child(ren) require medication you must fill out the **MEDICATION AUTHORIZATION FORM**. Request from Youth Services Coordinator or at RecPlex Guest Services.

Emergency Information (other than legal guardian(s) listed above)

Contact #1 Name: _____ Address _____

Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Contact #2 Name: _____ Address _____

Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Guardian(s) and Emergency contacts are considered authorized to pick up. Please list any additional authorized to pick up below

Authorized Pick Up Name _____

Authorized Pick Up Name _____

Authorized Pick Up Name _____

Authorized Pick Up Name _____



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Child #2: Health History Form

Child's Name: _____

About healthcare for short-term childcare:

- At a minimum, a staff-member with CPR, AED and First Aid training is in the facility at all times.
- Children should arrive ready to participate in all activities during the program time. If your child cannot participate in a certain activity, please alert the program staff in writing. We will do our best to provide another activity such as reading, puzzles, coloring, etc.
- Please print your child's name on the prescription bottle or container.

Is this child allergic to any food or medication? (Please circle one) Yes No

If yes, name the item and indicate the reaction _____ Intolerance or Anaphylaxis
 _____ Intolerance or Anaphylaxis
 _____ Intolerance or Anaphylaxis

Does your child have asthma? (Please circle one) Yes No

If yes, will your child carry a rescue inhaler during the camp session? (Please circle one) Yes No

If yes, does your child need staff help to use that rescue inhaler? (Please circle one) Yes No

If yes, what triggers your child's asthma? _____

Please list any medications that your child takes on a routine basis.

Med: _____ Reason for taking med: _____

Med: _____ Reason for taking med: _____

Med: _____ Reason for taking med: _____

**If your child needs to take medicine while attending the Before or After School Program, a medication form must be completed. Medication forms can be found online or by emailing the Youth Supervisor (jhill@pleasantprairiewi.gov).

What else should we know about your child? Please write additional information about your child's health or behavior that may impact your child's participation in our program:

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all before and after school activities except as noted on this form. I understand that the before and after school program has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian _____ Date: _____



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THE FOLLOWING SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

_____ I hereby read and understand the terms in the RecPlex Before and After School Parent Manual.

_____ I hereby read and understand the terms in the RecPlex Before and After School Electronic Policy listed in the Parent Manual.

_____ I hereby read and understand the terms in the RecPlex Before and After School Behavior Policy listed in the Parent Manual.

_____ I hereby give permission to the RecPlex to transport the child named above off the RecPlex property for the purpose of medical care or program activities as deemed appropriate by the RecPlex Management. I hereby authorize the program to provide for and secure treatment of all health issues that arise while in the program for child named above. In the event that I cannot be reached in an emergency, I give permission to the physician selected by RecPlex Management to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that the RecPlex does not provide accident/medical insurance for the child named above. Medical bills will be the responsibility of the parent or guardian named below.

_____ Rules for participants are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all children will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that RecPlex reserves the right to dismiss a child from the program whose needs they are not able to provide for or whose conduct is not in the best interest of the childcare community, without refund. I will notify the Youth Manager if my child has any serious restrictions related to his/her participation in the program.

_____ I am aware of the following policies regarding fees: Registration fees are non-refundable; no refunds will be given for programs, unless there is a medical exception provided by a medical doctor. Parents must give one week notice to cancel their child's enrollment from automatic pay. No refunds are given if a child is dismissed from the program due to disciplinary action; no refunds are given if the child leaves early due to illness or personal commitments. I authorize the RecPlex to charge any fees due at the time to my credit card on file (if applicable). I understand that the RecPlex has a minimum number of 5 children from a particular school to ensure transportation.

_____ I understand that my child(ren) will be participating in a variety of activities, including swimming, ice skating, field games and fitness activities.

_____ I give permission for my child(ren) to go on field trips with the RecPlex Before and After School Program. Transportation will be provided in a school bus or in one of the RecPlex vans.

_____ Emergency Treatment: I grant RecPlex permission to administer emergency treatment to my child. This may include, but is not limited to, emergency first aid, local rescue or local hospital/trauma center.

_____ I hereby understand that failure to submit calendars by stated deadline will result in \$25 processing fee per calendar/per child. Calendars are used to reserve your child's care.

_____ I am aware that the RecPlex After School Program closes at 6:30pm. I understand that if my child is not picked up by 6:30pm, I will be charged \$20 for every 15 minutes past 6:30pm.

_____ The RecPlex has my permission to use photographs taken of my child while in the program for promotional purposes.

_____ I hereby release the RecPlex of all liability.

We or I (Parents/Guardians) have read and agree to all conditions of this registration and understand the RecPlex Before and After School Policies.

Signature of Parent/Guardian: _____ **Date** _____



RecPlex Before and After School Care Payment Form /Automatic Payment Options

Please fill out completely to avoid delays in reserving space!

Child Full Name: _____ Start Date: _____

Child Full Name: _____ Start Date: _____

*** RecPlex Before and After School Care schedule must be submitted for each child in order to start the program. The exclusion of child's schedule will result in inability to enroll in the program.

***If you would like to add-on additional days or a change occurs to your child's schedule, please email Jackie Hill (jhilli@pleasantprairiewi.gov) two weeks prior to the week of care to allow your account to be charged accordingly.

Parent/Guardian Name: _____

Email Address: _____

I would like the following items to be billed to the payment option (1 - 3) I have selected below:

Registration Fee (\$25-\$75):

Transportation Options:

AM Transportation (\$175):

PM Transportation (\$175):

Transportation for both AM & PM (\$275):

Daily Fee (\$3 per ride/per child): (Billed out weekly to selected payment option below)

**If your child attends Pleasant Prairie Elementary School (Kindergarten-5th Grade), no transportation fee is required. However, if your child attends K4, the transportation fee is required.

Please select one of the options below. (Restrictions apply to each option.)

Option 1: (Continue using child care payment authorization information currently on file (only available to current child care participants)

Option 2: Automatic Check Withdrawal Weekly

Checking Account Information: Attach a voided check to this form

Account number: _____

Routing number: _____

Bank Name: _____

Option 3: Payment by Automatic Credit/Debit Card Weekly (Enter Card Information and sign below)

Card Type: Please circle one VISA MASTERCARD DISCOVER

Cardholders Name (print): _____

C.C. Financial Institution (bank name on credit card): _____

Credit Card #: _____

Expiration Date: _____

Billing Address: _____

I hereby authorize the RecPlex and the financial institution designated above to begin automatic deductions from the account designated above for all Before and After School participants listed on this form. I understand my checking account or credit card will be charged weekly. I understand that my monthly checking account or credit card statement will typically show the amount and the date payment was made to the RecPlex. I understand that I am responsible for ensuring that the account designated above has sufficient funds on a weekly basis to allow for the automatic deduction of my payment. I understand that if there are any changes to my account I will notify the Youth Supervisor in writing 2 weeks prior to my scheduled weekly automatic payment deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I am the parent/guardian and agree to the terms of this document.

Account Holder Signature _____ Date _____



RecPlex Before and After School Care Payment Form /Automatic Payment Options

Please fill out completely to avoid delays in reserving space!

Registration Agreement

___ I agree to the policies and procedures set forth in the RecPlex Before and After School Policies and acknowledge that my child is self-sufficient with regard to toileting, eating and dressing. My child and I have discussed and understand that while participating at RecPlex programs, the staff is in charge. My child is aware that any rules and/or instructions made by a staff member are to be followed. I accept the RecPlex Before and After School behavior policy. I give permission for my child to ride to and from RecPlex in buses and company vehicles. RecPlex also has my permission take my child on field trips. I will be notified in advance when any field trips take place. RecPlex has my permission to use any photographs of my child taken during the program or during any activity the program sponsors for the purpose of display or publicity.

___ **Emergency Treatment:** I grant RecPlex permission to administer emergency treatment to my child. This may include, but is not limited to, emergency first aid, local rescue or local hospital/trauma center.

___ **Agreement:** I understand this registration form is a contract for child care on specific days and weeks and that I am liable for the cost regardless of whether or not my child attends. I agree to pay RecPlex my weekly tuition in advance. I understand that there is no credit or refund given for absences, vacations or holidays. Further, I am responsible for payment of all days and weeks that I have indicated or added. Two (2) week's advance notice is required in writing to change my child's schedule or withdraw from the program. I understand I am liable for these charges if two week's notice is not given for any changes in scheduled attendance or withdrawal from the program.

___ **Payment:** Returned checks or declined credit card payments will incur a \$25 fee, plus you will be required to make payment in full for past due amounts in addition to one week's tuition in advance before readmitting your child to the program.

___ By completing and signing the Registration form, I (parent or guardian) understand and agree to the terms, policies and guidelines set forth in the RecPlex Before and After School policies flyer and Registration form. I agree to be responsible for all costs incurred with collecting debts more than 30 days past due, including but not limited to, fees for late payments, uncollected payments, filing fees, court costs, and attorney's fees.

By signing below you understand and agree to Village of Pleasant Prairie/RecPlex payment terms and authorize Village of Pleasant Prairie/RecPlex to process your payments weekly prior to your child's participation in the program. Village of Pleasant Prairie/RecPlex will securely maintain your financial information. Parents/Guardians are responsible for updating with RecPlex any changes to your payment information, including credit card number; expiration date, credit card verification number, checking account information, and billing address changes.

Check Here: I have read and agree to Before and After School Registration Form.

Print Name: _____

Legal Guardian Signature: _____ Date: _____

KUSD September 2020 Child Schedule

Child's Name: _____ **Child's School:** _____

Child's Age Group _____

September calendars are due by Wednesday, September 2nd

When circling the days your child will be attending, please mark whether they will be attending,
AM care, PM care or Both.

Failure to submit calendar by stated deadline will result in a \$25 processing fee per calendar/ per child. Calendars are used to reserve your child's care.

14 AM PM	15 AM PM	16 AM PM	17 AM PM	18 AM PM All Day (4K)
				KUSD Elem Early Dismissal
21 AM PM	22 AM PM	23 AM PM	24 AM PM	25 AM PM All Day (4K)
				KUSD Elem Early Dismissal
28 AM PM	29 AM PM	30 AM PM	1 AM PM	2 AM PM All Day (4K)
				KUSD Elem Early Dismissal

RecPlex: Arrival Schedule

To the best of your knowledge, please indicate your child's drop-off time below

Monday: Drop-off Time: _____

Tuesday: Drop-off Time: _____

Wednesday: Drop-off Time: _____

Thursday: Drop-off Time: _____

Friday: Drop-off Time: _____

RecPlex: Departure Schedule

To the best of your knowledge, please indicate your child's pick-up time below

Monday: Pick-up Time: _____

Tuesday: Pick-up Time: _____

Wednesday: Pick-up Time: _____

Thursday: Pick-up Time: _____

Friday: Pick-up Time: _____

MEMORANDUM

TO: Before and After School Families
FROM: Jackie Hill
RE: Acknowledgement of Risk for Return to program
DATE: August 3rd, 2020

As we all prepare to return to programming, we must advise some of our most at risk participants. Please consider waiting to return to program if your child has any of the following risk concerns:

1. Has been sick in the past 3 days. We require anyone who has a fever over 99.7 to wait three days to return to program.
2. Has a dry cough or persistent runny nose.
3. Has asthma or a medical condition that affects their breathing.
4. Is at higher medical risk for acquiring illness/ immunocompromised.

RELEASE and HOLD Harmless Agreement: As a participant in the program of the RecPlex, owned and operated by the VPP, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or losses, which I may sustain as a result of participating in all activities connected with or associated with such program. I agree to relieve and relinquish all claims: I have as a result of participating in the program, against the VPP and its officers, agents, and employees. I do hereby fully release and discharge the VPP and its officers, agents and employees from any and all claims from injuries, damages, or losses, which I may have or may accrue to me on an account of my negligence during participation in the program. I agree to indemnify and hold harmless and defend the VPP and its officers, agents and employees from all claims resulting from injuries, damages and losses sustained during and arising out of, the activities of the program.

I have read and understand the Release and Hold Harmless Agreement and Program Policies on this form and understand my signature is required to take part in RecPlex programs. If the participant is under 18, a parent or guardian signature is required.

Print Child's Name

Parent's Signature

Date