

Red Caboose After School 2011-2012 Re-Registration Form

****Priority deadline is Friday, February 25, 2011****

I would like to re-register my child(ren)

_____ at Lapham / Marquette 11/12 grade _____

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for Red Caboose Day Care Center's After School Program for the 2011-2012 school year, which is scheduled to begin on Thursday, September 1, 2011.

Please contact Lisa to enroll a sibling who has not yet attended RC's School Age Program.
A separate enrollment form is required.

I am requesting the following schedule for my child(ren): **M** **T** **W** **R** **F**
circle days requested

To reduce the number of days your child attends Red Caboose a **2 weeks' notice** must be given. Adding days or switching days will be approved by the Program Director if space is available. Any changes must be made through the School Age Program Director.

To secure your spot in our program please include a check for the first week of after school. The weekly rate sheet is enclosed. If you know you will be getting assistance with funding contact Deb in the billing office to see what an estimate of your co-pay would be which will be used as your deposit. Re-registration *will not be processed without the check*. The funds will be held in escrow and applied to your September bill.

Please send or drop by at: Red Caboose School Age Program
654 Williamson St.
Madison, WI 53703

We aim to have children remain in their current classroom group throughout their time at each site. If you have a comment or request regarding a classroom change or Marquette classroom placement for 3rd graders, please note it on the back of this form and significant efforts will be made to accommodate your request.

PLEASE NOTE: Any enrollment forms returned to School Age Program Director, Lisa Fiala, after Thursday, August 25, 2011, will have a start date of Thursday, September 8th, the second week of school.

To ensure that we have your correct emergency contact information, please fill out the attached Emergency Card and Health Form!

Primary Email Address: _____

Parent or Guardian _____
signature _____ date _____

_____ print name _____

FOR OFFICE USE

Received by _____ on _____ SAPD _____ BC Check # _____ Amount _____

