

Milwaukee French Immersion School

2360 North 52nd Street Phone (414)514-3635

2019 – 2020 BEFORE AND AFTER SCHOOL CAMP

- Registration:** Parents/Guardians may register their child(ren) before school starts or during the school year with the Camp Director. Be advised that all previous year camp balances must be paid before new registration is submitted.
- * Please provide a valid email address on the registration page that the weekly bill statements may be sent to.
- Annual Fee:** There is a \$10.00 per-child annual registration fee collected when parents register their child(ren) for the program.
- Hours:** 7:00 – 8:35 A.M. and 3:30 – 6:00 P.M.
- WI ChildCare:** We do accept My WI ChildCare:
Provider # 2000563892, Location # 071.
- The registration fee is still required to be paid by parent as well as any charges not covered by the subsidy.
- Late Fee:** A \$15.00 late fee will be charged for any student not picked up by 6 P.M. An additional \$15 for every 15 minutes will also be charged thereafter. Any late fees must be paid in full before the child returns to camp. Excessive late pick-ups may result in suspension of Camp privileges. NO EXCEPTIONS
- Snack:** Snack is provided in the “After School” program only.
- Hourly Fee:** 1) Fees are to be PRE-PAID on a daily or weekly basis in advance of the days or weeks that child care is needed. Any monies not used will be carried over. Fees are subject to change. **Failure to pay fees is grounds for termination of Camp Privileges.**
- 2) If you owe money from the previous year, your child may not return to camp until your balance is paid in full.
- Sessions:** A.M. session is \$5.00 per day
- P.M. (1) 3:30 – 4:30 session is \$5.00 per day
- P.M. (2) 3:30 – 6:00 session is \$10.00 per day (If your child is not picked up by 4:30 you will be charged at the PM (2) session rate)

MFIS Before and After School Camp

Behavior Agreement for Students

Campers of MFIS are expected to demonstrate good citizenship at all times. Good citizenship means being safe, respectful, and responsible to people and property.

My promises:

1. Be Respectful:

- a. I will encourage my classmates with kind words-no put downs.
- b. I will use appropriate language.
- c. I will use proper etiquette at mealtimes and during free times.
- d. I will not interfere with the enjoyment of other groups or people.
- e. I will keep my hands and feet to myself at all times.

2. Be Safe:

- a. I will stay with my assigned instructors and my group AT ALL TIMES.
- b. I will ask permission first.

3. Be Responsible:

- a. I will engage respectfully in activities.
- b. I will follow all instructor's directions.
- c. I will follow all directions, keep a positive attitude, and not argue.
- d. I will lend a helping hand when asked and needed.
- e. I will show appropriate behavior.

Consequences: I understand that there are consequences if I misbehave. I know that the following discipline will be enforced if I misbehave.

1st Incident - Verbal Counseling: Students will receive a counseling session and parents/guardian will be notified of misbehavior.

2 or more Incidents - Written Documentation: Student will receive a written write up and parent/guardian will be notified. Suspension from program may be implemented.

3rd Write-up: An in-person meeting with parent will take place and a plan will be established to help the child succeed. A written agreement will be put in place underling it will be the last opportunity. Any further incident will result in removal from the program.

* Depending on the severity of the incident, a write-up may result in the immediate suspension or removal from camp. The safety of all campers is the primary concern of MFIS Camp.



Milwaukee French Immersion School CAMP REGISTRATION

PARENT/GUARDIAN Full Name _____ CELL Phone _____ WORK Phone _____
Last First

Street Address _____ Apt: _____ City _____ Zip code _____

E-mail Address _____

In order to plan activities and schedule staff, it is suggested parents complete the schedule section below

Child's Full Name First/M/ Last	Sex	Birthday Month/Day/Year	Age Now	19-20 Grade Level	AM CAMP Y/N	PM CAMP Y/N

EMERGENCY CONTACT INFORMATION

Other than Parents / Guardians – The names listed below are authorized to pick-up my child(ren), and / or should be used as an emergency contact in the event I cannot be reached.

RELATIONSHIP TO CHILD	NAME	HOME/CELL PHONE NO.	OTHER PHONE NO.

If Drop-In Care is available at your camp, Parent/Guardian is encouraged to call the school office during school hours on the day care is needed. All children not picked up by 3:45pm will be sent to Camp and charged accordingly.

To guarantee a spot for your child/children, a registration fee per child is necessary.

Number of Children _____ X \$ 10 _____ = Total Registration Amount Due \$ _____

Camp fees are to be kept current. Families who have outstanding balances are subject to removal from camp.

Please choose 1 payment option.

- I receive Child Care Benefit (Wisconsin Shares). I understand that I am responsible for payments that are not covered.
- Private Pay Payment Schedule (To be determined with Camp Director)
 _____ Pre-Pay REQUIRED

If you are late picking up children, staff will remain with the child and a late fee will be assessed



PARENT / GUARDIAN AUTHORIZATION:

Please check (✓) box to verify that you have read and understand each of the following statements.

- PERMISSION:** I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of an injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.
- WAIVER:** I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.
- BEHAVIOR AGREEMENT:** I hereby acknowledge that I have read and discussed the Behavior Agreement with my child and they will abide with all promises and consequences listed during their time in MFIS Camp.
- PHOTO PERMISSION/RELEASE:** I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Recreation and Milwaukee Public Schools request the opportunity to videotape, take photographs and/ or interview children within Milwaukee Recreation and Milwaukee Public Schools. By signing this I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.
- I certify that my child(ren) / applicant have no health issues that would limit his/her participation in camp activities. Any health or medical concerns have been disclosed.
- I give my approval for emergency contact to be called in the event that I cannot be reached immediately.
- I understand the Recreation Department is not responsible for lost, stolen or damaged personal articles.

**I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:
PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18:**

Parent/Guardian Signature _____

Date _____

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)		Address -- Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date -- First Day of Attendance (mm/dd/yyyy)	

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number -- Home	Telephone Number -- Work	Telephone Number -- Cellular
Name	Telephone Number -- Home	Telephone Number -- Work	Telephone Number -- Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name -- Physician	Address -- Medical Facility	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2. a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply sunscreen.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply repellent to my child.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have.

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements
<input type="checkbox"/> Asthma	<input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Cerebral palsy / motor disorder	
<input type="checkbox"/> Other condition(s) requiring special care -- Specify.	
- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

<input type="checkbox"/> Food allergies -- Specify food(s).
<input type="checkbox"/> Non-food allergies -- Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian	Date Signed (mm/dd/yyyy)
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Review dates: _____

PROVIDER/PARENT PAYMENT AGREEMENT

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

This Agreement is Between

Business/Provider Name MFIS Camp	Parent Name (First, Last)
Provider Number & Location Number 2000563892 & 071	Second Parent Name (First, Last)
Provider Address 2360 N 52 nd St Milwaukee, WI 53210	Provider Phone Number 414-514-3635

For the Care of (if more than 3 children complete on separate sheet)

Example

Child Name Sally Jones	Child Date of Birth 10/14/2015	Child Care Price \$150 per week	Payment Schedule Weekly, on or before Payment Due On Fridays
Child Name (First, Last)	Child Date of Birth	Child Care Price per month, or per week, or other (specify)	Payment Schedule Monthly, on or before (Date of Month), or Weekly, on or before Friday before attending (Day of Week) Other (specify)
Child Name (First, Last)	Child Date of Birth	Child Care Price per month, or per week, or other (specify)	Payment Schedule Monthly, on or before (Date of Month), or Friday before attending Weekly, on or before (Day of Week) other (specify)
Child Name (First, Last)	Child Date of Birth	Child Care Price per month, or per week, or other (specify)	Payment Schedule Monthly, on or before (Date of Month), or Friday before attending Weekly, on or before (Day of Week) other (specify)

This payment does not include extra charges that may be incurred for items including field trips/special events, as agreed upon in advance. Parents are responsible for paying the difference between the subsidy amount and the cost of care.

Parent and Provider Agreed Upon Start Date

Provider's Days and Hours of Operation (as of date)

Provider's Policy for Deposits or Holding a Slot

Enrollment is on a first come, first serve basis. If space is unavailable, children are placed on a waiting list. No deposit or hold fee is required.

Provider's Anticipated Closure Dates and Policy for Payment during Closures

All scheduled times are subject to billing and based on the camps fee structure (fee structures vary and may be billed hourly, daily, or weekly). No refunds for anticipated closures or unanticipated closures such as inclement weather and other emergencies

Provider's Policy, and Payment Expectations, for Expected Child Absences

Note: Expected absences are those reported in advance by the parent, including vacations or appointments

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In order to maintain appropriate staffing levels and program quality, fees will be assessed regardless of expected or unexpected absences. MPS after school program fees vary, please refer to your program's fee structure for more information. No refunds, credit, or carry-overs allowed. This policy is not inclusive of 21st Century Community Learning Centers as failure to pay is not an appropriate rationale for service denial. (Please reference MPS Recreation Termination/Expulsion Policy)..

Providers' Policy, and Payment Expectations, for Unexpected Child Absences

Note: Unexpected absences are those not reported in advance, including sick days or no-shows

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In order to maintain appropriate staffing levels and program quality, fees for weekly designated participation will be assessed regardless of expected or unexpected absences. MPS after school program fees vary, please refer to your program's fee structure for more information. This policy is not inclusive of 21st Century Community Learning Centers as failure to pay is not an appropriate rationale for service denial. (Please reference MPS Recreation Termination/Expulsion Policy).

Provider's Payment Dispute Policy

For payment disputes please see your afterschool program's Camp Director/Site Coordinator. The program designee will work to resolve the issue or refer the matter to their immediate supervisor. In an effort to facilitate a timely resolution, please provide any pertinent documentation

Provider's Reasons and Procedures for Termination/Expulsion of a Child(ren)

In reference to the MFIS behavior contract and MPS Parent/Student Rights, Responsibilities and Discipline Handbook, MPS is committed to providing a safe and effective learning environment for students and staff members. Milwaukee Recreation reserves the right to suspend, terminate or expel students who compromise safe learning environments

Parent's Procedures for Termination/Disenrollment of a Child(ren)

To cancel enrollment, provide the Camp Director or Site Coordinator with a two week verbal or written notice. No refunds will be issued. Credits may not be transferred between children or applied to other services or locations

Discounts or Scholarships Available to Parents/Children (such as sibling discount, etc.)

School-age youth whose family qualifies for one or more of the following situations are eligible for a discount (where applicable): sibling discount, FoodShare/SNAP (Supplemental Nutrition Assistance Program), and Foster Care. Eligibility

DCF-F-5224-E (N. 12/2017)

documentation must be provided with registration. Inability to pay cannot be a barrier for families participating in the 21st Century Community Learning Centers (CLC).

Discounts or Scholarships Parents/Children Received and Amount of Discount

Miscellaneous

Examples Include: Child's Anticipated Daily Schedule, Drop-Off and Pick-Up Times, Other Policies

Parents are responsible for applying the correct WI shares subsidy amount to their bill. Subsidy payments applied, but not used by the last day of the month due to any type of absence, are non refundable or transferrable. If the subsidy doesn't cover the entire bill, the parent is responsible for the balance.

By signing this agreement, providers and parents agree to abide by the agreement and written policies of the provider. The provider may amend the policies by giving the parents a copy of the new or changed policy.

Provider Contact Name – (Print)	Provider Contact Signature	Date
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Parent Name – (Print)	Parent Signature	Date
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The provider must retain a copy of each current written payment agreement at the location where child care is provided. The provider must retain a copy of an expired written payment agreement for 3 years after the agreement is terminated and the child no longer attends. The expired agreement may be kept at a location where it can be made available to the Department of Children and Families within 24 hours.

