



## Registration Form:

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade entering Fall 2016 \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact #1

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone Number \_\_\_\_\_

### Emergency Contact #2

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone Number \_\_\_\_\_

**Choose the number of days per week your child will attend during the 2016/2017 school year:**  5 days  4 days  3 days  2 days

**For families choosing 2-4 days, select the days of the week your child will attend:**  Monday  Tuesday  Wednesday  Thursday  Friday

**Days Off School:** Choose the half-days (12 – 5:30 pm) and full-days (7:30 am – 5:30 pm) your child will attend:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> October 12 (half)  | <input type="checkbox"/> Winter Kamp –<br>December 27-30 | <input type="checkbox"/> Spring Break Kamp –<br>March 27-31                   |
| <input type="checkbox"/> October 13 (full)  | <input type="checkbox"/> January 13 (half)               | <input type="checkbox"/> May 12 (half)  |
| <input type="checkbox"/> October 14 (full)  | <input type="checkbox"/> January 16 (full)               | <input type="checkbox"/> May 31 (10:30 - 5:30) –<br>Half-day fees will apply. |
| <input type="checkbox"/> November 10 (full) | <input type="checkbox"/> February 17 (full)              |   |
| <input type="checkbox"/> November 11 (full) |  |   |

### Payment is required prior to care. Choose payment option:

**Prepayment:** Pay by July 15, 2016, to receive a 3% discount. This discount can apply to both After School Care and any other Days Off School you define on your initial registration agreement. (Please note: There will still be an opportunity to register your child for additional half- and full-days off school throughout the year, but the 3% discount is only available for the days pre-paid by July 15.)

**Monthly Payment:** Pay by the 15th of the month, per statements provided by KTK. The first payment is due August 15, 2016.

I have read and understand the fees and policies for the 2016/2017 KTK After School Care Program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return form to our main office:** 6300 Enterprise Ln, Madison, WI 53719  
Fax: 608-271-7006 • Email: [cmielke@koala-t-kare.com](mailto:cmielke@koala-t-kare.com)