

Please complete **ALL INFORMATION** on **ALL SIDES** of this form (s) and remember to **SIGN** the permission section (s). **Incomplete registration forms will be returned and delay your registration.**

Return registration form with program fees by **Friday, May 31, 2024** to:

Therapeutic Recreation
2414 W Mitchell Street.
Milwaukee, WI 53204

Make checks payable to: Milwaukee Recreation or MKE Rec

DO NOT RETURN THIS FORM TO YOUR SCHOOL!

RECREATION OFFICE USE ONLY

DATE RC'VD: _____ RECPT # _____
AMT: _____ CHECK #: _____
FMP _____ ESY: Yes No Pending
Med Form Given: Yes No
Emailed In-Person Faxed
MEDS: INT TF CHK _____

Name: _____ Preferred Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Birth Date: __/__/____ Age: _____ Email: _____

Parent/Guardian Name: _____ Home PH: _____ Work/ Cell PH: _____

Emergency Contact: Name: _____ Relationship: _____ PH: _____

Doctor's Name: _____ Office Phone: (____) _____ - _____ Fax #: (____) _____ - _____

CURRENT SCHOOL ATTENDING (Club Rec Only): _____ Teacher: _____

Is your student ENROLLED IN THE 2024 SUMMER EXTEND SCHOOL YEAR PROGRAM (ESY)? YES ___ NO ___ LOCATION: _____

CLTS/IRIS Worker: Name _____ Phone Number: _____ Email: _____

NEW: DEMOGRAPHIC INFORMATION

Which race best describes the participant? Hispanic/Latino ___ American Indian or Alaska Native ___ Asian ___ Black/African American ___
Native Hawaiian/Other Pacific Islander ___ White ___ Two or more races ___ Prefer not to answer ___

Which of the following accurately describes the participant? Male ___ Female ___ Transgender ___ Non-binary ___ Prefer not to answer ___

	Program	Location	Activity Code	Resident Fee Every 2 weeks	Non-Resident Fee Every 2 weeks	Total
M-F	Club Rec	Gaenslen	1RTR6625-GS01	\$200 by 5/16 \$220 After 5/16	\$380 by 5/16 \$400 After 5/16	\$ _____
	Club Rec	Victory	1RTR6625-VC01	\$200 by 5/16 \$220 After 5/16	\$380 by 5/16 \$400 After 5/16	\$ _____
	Club Rec	Congress	1RTR6625-CO01	\$200 by 5/16 \$220 After 5/16	\$380 by 5/16 \$400 After 5/16	\$ _____
	Club Rec	Hamilton	1RTR6625-HA01	\$200 by 5/16 \$220 After 5/16	\$380 by 5/16 \$400 After 5/16	\$ _____
Summer Evening Programs						
Tues	Game Night SWITCHed Up	O.A.S.I.S.	1RTR6621-5501	\$27.00	\$41.00	\$ _____
Wed	Scrap and Snack	Hamilton	1RTR6624-HA01	\$31.00	\$47.00	\$ _____
	Splish Splash Open Swim	Gaenslen	1RTR0501-GS01	Free	Free	\$ _____
Thurs	Culture Café	Hamilton	1RTR6605HA01	\$24.00	\$36.00	\$ _____
	Let's Get Moving	Hamilton	1RTR6611-HA01	\$16.00	\$24.00	\$ _____
Fri	Thursday Combo	Hamilton	1RTR6618-HA01	\$35.00	\$55.00	\$ _____
	Diner's Club	O.A.S.I.S.	1RTR6606-5501	\$31.00	\$47.00	\$ _____
Sun	Moviers and Shakers	O.A.S.I.S.	1RTR6612-5501	\$8.00	\$12.00	\$ _____
	Friday Night Combo	O.A.S.I.S.	1RTR6623-5501	\$34.00	\$54.00	\$ _____
Sun	Sunday Movie Madness	So. Shore Cinema	1RTR6615-VL01	\$8.00	\$12.00	\$ _____

Payment Choice, Please Circle:
Cash Check Money Order
Visa Master Card

Card Number _____

Card expiration Date _____ SSC _____

Card Holders Name _____

Signature _____

CHILD/YOUTH DISCOUNT: Sign here for a discount if your child is 3-21 years of age and is enrolled in Food Share/S.N.A.P, WI Share Childcare, or foster care. Classes **\$10 and over** are eligible for a \$5 discount and classes **\$30 and over** are eligible for a \$10 discount. (except for Club Rec which is eligible for a 50% discount). Proof of eligibility is required.

Signature: _____

SUB TOTAL \$ _____

Child/Youth Discount \$ _____

Total Fees Enclosed \$ _____

IRIS _____ CLTS _____

Please double check that all information on this registration form has been completed! Incomplete registration forms will be returned and delay your registration

PLEASE COMPLETE THE REVERSE SIDE...



Health History

Please answer/check the statements/questions that apply to the participant.

- Regular Education (Club Rec Only) Intellectual Disability Speech/Language Orthopedically Impaired (Physically Disabled)
 Visually Impaired Hearing Impaired Learning Disability OHI (Other Health Impairment)
 Attention Deficit Disorder Autistic/ASD Other: _____

Degree of the statement(s) checked above: Mild Moderate Severe

Covid Vaccination Status Yes No Prefer not to answer

- **Medication Taken?** Yes No **If you answered YES, the following MUST be completed. In case of a medical emergency we need to know all medication(s) that are taken even if medication is NOT taken during recreation program hours: (If additional space is needed, please see last page)**

Name of Medication: _____ Dose: _____

Time to be Given: _____ Possible Side Effects: _____

- **Asthma:** Yes No If yes, what is done to control/prevent an attack? _____

Do you/your child require an inhaler? Yes No

- **Allergies?** Yes No If yes, explain? _____

Do you/your child carry an EpiPen? Yes No If yes, when should it be used (be specific)? _____

- **Diabetic?** Yes No If yes, what shouldn't you/your child eat or drink? _____

- **Feeding Information:** Independent Needs some assistance Needs total assistance Pureed Food Tube Fed

- **Deaf/Hearing Impaired?** Yes No If yes, how do you/your child communicate? _____

Interpreter Needed: Yes No

- **Nonverbal?** Yes No If yes, can you/your child communicate through a different means? Yes No

If yes, explain? _____

- **Physically Disabled?** Yes No If yes, explain the disability? _____

- **Wheelchair/Walker/Cane/Crutch?** Yes No If yes, type: Power Wheelchair Manual Wheelchair Walker Cane/Crutch

Participant is: Independent Needs Assistance

- **Physical Limitations?** Yes No If yes, explain? _____

- **Safety Harness or Gait Belt Required?** Yes No If yes, Bus Classroom In Community

- **Heart Condition?** Yes No If yes, explain? _____

- **Seizures:** Yes No If yes, explain what happens before the seizures _____

If yes, frequency of seizures? _____ Date of last seizure? _____

- **Exposure to Sun?** Full Minimum No Exposure Sunscreen may be used

- **Swim Experience?** Yes No If yes, previous swim experience level & location _____

- **Toileting Information?** Toilet Trained Needs some assistance Needs total assistance Wears Diapers

If assistance is needed, what is procedure/schedule? _____

- Are there any **health/medical concerns** that require special care/handling (such as hepatitis B or C, HIV, hemophilia, stroke, etc.)? _____

- **Do you/your child display any of the following behaviors?** Self-abuse Difficulty with transitions Aggression toward others

The use of inappropriate language Inappropriate touch (self or others) Hits, kicks, bites, or scratches

Triggers? _____

Permission/Waiver Form (Signature Required for Participation)

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.

PHOTO 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 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.

BEHAVIORS: I understand the Therapeutic Recreation Programs is designed for participants who demonstrate safe and appropriate behavior. Participants should have the ability to interact positively in a social setting, transition between activities, control emotions, and demonstrate self-control. **Staff are unable to support and/or meet the needs of participants who cannot successfully participate in a 4:1, participant to staff ratio.** The Therapeutic Recreation Program reserves the right, at the sole discretion of its staff, to deem whether the program is appropriate for a participant and/or whether our staff can support the participant's needs.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

Signature of Parent/Guardian/Self

Date

2024 Club Rec Participant Information Form

IMPORTANT: Please complete this form only if you are registering for **Club Rec**.

Please check (✓) the location and weeks your child will be attending. You will only be billed for the weeks your child attends. The entire weekly fee is charged whether your child attends the full-time or part-time or 1 day or all 5 days each week. Fees will not be prorated.

Participant's Name: _____

<p>Gaenslen</p> <p><input type="checkbox"/> Week 1– June 24-28</p> <p><input type="checkbox"/> Week 2– July 1-5 (off 7/4 & 7/5)</p> <p><input type="checkbox"/> Week 3– July 8-12</p> <p><input type="checkbox"/> Week 4– July 15-19</p> <p><input type="checkbox"/> Week 5 July 22-26</p> <p><input type="checkbox"/> Week 6 July 29-Aug 2 (Non-ESY)</p> <p><input type="checkbox"/> Week 7 Aug 5-9 (Non-ESY)</p>	<p>Victory</p> <p><input type="checkbox"/> Week 1– June 24-28</p> <p><input type="checkbox"/> Week 2– July 1-5 (off 7/4 & 7/5)</p> <p><input type="checkbox"/> Week 3– July 8-12</p> <p><input type="checkbox"/> Week 4– July 14-19</p> <p><input type="checkbox"/> Week 5 July 22-26</p> <p><input type="checkbox"/> Week 6– July 29- Aug 2(Non-ESY)</p> <p><input type="checkbox"/> Week 7 Aug 5-9 (Non-ESY)</p>
<p>Congress (Non-ESY)</p> <p><input type="checkbox"/> Week 1– June 24-28</p> <p><input type="checkbox"/> Week 2– July 1-5 (off 7/4 & 7/5)</p> <p><input type="checkbox"/> Week 3– July 8-12</p> <p><input type="checkbox"/> Week 4– July 15-19</p> <p><input type="checkbox"/> Week 5 July 22-26</p> <p><input type="checkbox"/> Week 6 July 29-Aug 2</p> <p><input type="checkbox"/> Week 7 Aug 5-9</p>	<p>Hamilton (June 17-July 26)</p> <p><input type="checkbox"/> Week 1– June 17-21 (off 6/19) (Non-ESY)</p> <p><input type="checkbox"/> Week 2– June 24-28</p> <p><input type="checkbox"/> Week 3– July 1-5 (off 7/4 & 7/5)</p> <p><input type="checkbox"/> Week 4– July 8-12</p> <p><input type="checkbox"/> Week 5– July 15-19</p> <p><input type="checkbox"/> Week 6– July 22-26 (Non-ESY July 26)</p>

Transportation Information(ESY STUDENTS) Fill out this section If your child is enrolled in ESY.

MPS does not provide transportation for ESY students during Non-ESY weeks. Parent/guardian must provide their own transportation. Please Note: Program hours for Summer 2024 are 8:30 am-4:00 pm.

ESY WEEKS

Please check (✓) the statement that best applies:

- My Child will walk from the Club Rec Program. Program ends at 4:00 pm. **Desired departure time if before 4:00 pm:** _____
- My Child will be driven by friend/family from Club Rec program. **Program ends at 4:00 pm. Desired departure time if before 4:00 pm:** _____
- My Child will use transportation/van company, arranged by parent/guardian. Pick up must be by 4:00pm, schedule appropriately to avoid late charges.

Name of Company _____ **(Required) Phone Number** _____ **(Required) Scheduled departure time:** _____

- My child **is enrolled** in The Extended School Year morning summer school program and MPS will provide bussing to the morning program and back home at 4:00 pm after the Club Rec recreation program.

Bussing Address: _____ (Only **ONE** address for pick up and drop off)

Transportation Information (NON-ESY STUDENTS) Fill out this section If your child is not enrolled in ESY.

- My Child will walk from the Club Rec Program. Program ends at 4:00 pm. **Desired departure time if before 4:00 pm:** _____
- My Child will be driven by friend/family from Club Rec program. **Program ends at 4:00pm. Desired departure time if before 4:00 pm:** _____
- My Child will use transportation/van company, arranged by parent/guardian. Pick up must be by 4:00 pm, schedule appropriately to avoid late charges.

Name of Company _____ **(Required) Phone Number** _____ **(Required) Scheduled departure time:** _____

Program hours for Summer 2024 are 8:30 am—4:00 pm. Students will not be accepted to the program before 8:30am. Students must be picked up by 4pm to avoid late fees. Thank you for your understanding and cooperation!

Morning Drop- Off times: _____

Swim Permission (Signature Required)

Parental consent is required for children to participate in a Milwaukee Recreation swimming program and /or field trips that involve swimming. Please indicate your child's swimming ability below. Your child will not be allowed to swim without your signature. Diapers are not allowed in the pool. Plastic/rubber covers and swim diapers for children ages 3-5 may be purchase at Target, Wal-mart, ect. Older students can purchase swim diapers at Sprint Aquaticsar 1-800-235-2156 or www.sprintaquatics.com.

- My child is a **non-swimmer**. He/She cannot jump in the water over his/her head.
(children must be at least 48" tall to stand in public pools.)
- My child is a **swimmer**. He/She can jump in water over his/her head and swim a minimum of 20 yards without stopping
- My child does **NOT** have my permission to swim.

Permission is granted for my student to participate in swimming activities as conducted by Milwaukee Recreation. I agree that if a health condition exists which would limit the participant participation in this activity, I will notify Milwaukee Recreation. I understand no diapers are allowed in the pool and I will provide swim diapers or plastic/rubber covers.

Signature of Parent/Guardian/Self

Date

Nursing Services (Signature Required)

I acknowledge and understand that if my child/children/self are in need of nursing services all required paperwork must be turned in to Milwaukee Recreation at least 2 weeks before the service will be needed.

Signature of Parent/Guardian/Self

Date

Movie Permission (Signature Required)

My child has permission to watch a child appropriate PG movie in Club Rec.

Signature of Parent/Guardian/Self

Date

Pick-Up Authorization

In order to ensure a safe and fun summer, please list individuals below (including yourself) that are able to pick up your child from the Club Rec program. If a person is not listed, they will not be able to pick up your child. Please do not be offended if we ask for identification when picking up the participant. We appreciate your cooperation!

Persons who **MAY** pick-up my child/children:

Medications (continued from page 2 of registration)

Medications Taken:

Dose:

Time:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____