



Rock Lake Activity Center
229 Fremont St
Lake Mills, WI

After School Enrollment form (2018/2019 school year)

Child's name _____
Address _____
Birthdate: _____

Parent or Guardian information:

Name _____
Address _____
Phone no. _____
Work Phone _____
E-mail _____

Who should be our first contact person in case something arises?

Phone number of first contact person _____

Emergency Contacts: (minimum 2 required)

Name: _____
Phone: _____
Relationship to child: _____ Authorized to pick up? Yes No

Name: _____
Phone: _____
Relationship to child: _____ Authorized to pick up? Yes No

Name: _____
Phone: _____
Relationship to child: _____ Authorized to pick up? Yes No

Additional Authorized pick ups: _____

It is the mission of the Rock Lake Activity Center to positively affect the health and wellness of the community through quality programming and activities.

www.rocklakeac.org

rocklakeac@gmail.com

920.945.0156

"This institution is an equal opportunity provider."



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Other information we should know about your child: (health issues, food allergies, etc) _____

I give my consent for RLAC staff to walk with my child(ren) to/from Lake Mills Elementary School (.4)

I give consent for the RLAC child care program staff to care for my child during program hours:

I have received the ASP handbook (online) and will comply with RLAC procedures.

I agree to the RLAC waiver and release of claims (attached)

Parent/Guardian signature _____

Important information:

Hourly rate is as follows: Members - \$4.00 per hr.

Non-members \$4.50 per hr.

Schedules and payments are due the Thursday PRIOR to the week of care needed to avoid a late fee. Two week notice with minimal one day full payment must be given if the child chooses to leave RLAC care.

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