

# How to Register

Complete a registration packet for each student you wish to enroll in Middle School U. **Please complete all forms entirely or registration may be delayed due to insufficient information.**

The Registration Packet contains the following forms:

**Part I - Registration Form.** Complete form entirely. Be sure to check the desired departure procedure for the student and list persons other than parents who are authorized to pick up. Refer to the course choices detailed online and in this booklet, and indicate the weeks and courses for which the student is registering.

**Part II - Health History & Emergency Care Plan.** The student's health history and emergency care plan must be periodically reviewed and updated by parents or guardians. Students enrolling in Middle School U for the first time must complete this form entirely prior to participation in any course. Families with health and emergency information on file with the Wisconsin Youth Company administrative office need only provide updated information from the pre-printed form provided to them. A minimum of two emergency contacts other than parents must be listed on the health form.

**Part III - Middle School U 2009 Agreement.** Be sure to read thoroughly before signing. Submit a \$20.00 per course down payment for each student. This down payment is non-refundable and non-transferable, and is applied toward the course fee. Down payments must accompany the completed forms. Fee Payments: Fees may be paid by cash, check, money order, VISA, or Master Card. Make checks payable to WISCONSIN YOUTH COMPANY.

**Part IV - Account Security Form.** This form must be completed in order to protect the privacy of your account. Your Account Access Password will be required for all account inquiries and change requests. This form also includes credit card payment options.

**Financial Assistance:** Limited scholarship funds may be available on a first-come, first-served basis. In order to provide an enriching experience for as many eligible students as possible, available scholarships are limited to one course for each eligible student for the summer. For scholarship information, please contact the Wisconsin Youth Company office.

**Confirmation Letter:** A letter confirming the course(s) in which the student is placed will be mailed to you along with your copy of the registration agreement.

**Cancellation Policy:** A written two-week advance notice must be received by the administrative office to cancel any course. Failure to submit written cancellation two weeks in advance will result in the liability of all fees paid and owed. You may add courses at any time, provided space is available.

**Send course registration forms  
and down payment to:**

Middle School U  
1201 McKenna Boulevard  
Madison, WI 53719

Phone: 608-276-9782 or 800-238-1174

Fax: 608-276-4050

[www.middleschoolu.org](http://www.middleschoolu.org)

# REGISTRATION FORM - MIDDLE SCHOOL U - MADISON - 2009



Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_ School attending in Fall 2009 \_\_\_\_\_

Student attended: Summer Camps 2008 and/or the 2008-2009 AFTER SCHOOL program?  Yes  No

Student resides with:  Mother  Father  Guardian

\_\_\_\_\_  
Mother or Guardian

\_\_\_\_\_  
Father or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Day Phone      Home Phone      E-Mail Address

\_\_\_\_\_  
Day Phone      Home Phone      E-Mail Address

\_\_\_\_\_  
Name of workplace/ Complete Address

\_\_\_\_\_  
Name of workplace/ Complete Address

**Student's departure is to be as follows (please inform the MSU Director in writing of any changes).**

Student may walk home after the course for which he/she is registered.      Departure time(s) \_\_\_\_\_

Student is to wait for an authorized pick-up person; list names other than parents below. Unless otherwise noted, parents listed above are considered authorized pick-up and emergency contact persons.

Additional pick-up persons and contact information may be written on the back of this form.

	Name	Day Phone #	Address	Relationship To Student
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

**DIRECTIONS:** Indicate first and second choice by writing the course name in the appropriate area below. Individual course fees are listed in the brochure.  
\*Note: No courses, Friday, July 3. *Due to no classes on July 3, all classes this week will run an additional half-hour.*

Dates	Morning Course	8:30 - 11:30 a.m.	All-Day Course	8:30 a.m. - 4 p.m.	Afternoon Course	1 - 4 p.m.
June 15-19	1		1		1	
	2		2		2	
June 22-26	1		1		1	
	2		2		2	
June 29 - July 2* <small>*No courses July 3</small>	1		1		1	
	2		2		2	
July 6-10	1		1		1	
	2		2		2	
July 13-17	1		1		1	
	2		2		2	
July 20-24	1		1		1	
	2		2		2	
July 27-31	1		1		1	
	2		2		2	
Aug. 3-7	1		1		1	
	2		2		2	
Aug. 10-14	1		1		1	
	2		2		2	
Aug. 17-21	1		1		1	
	2		2		2	

Please check if you would like more information about the following programs:  AFTER SCHOOL Day Camps  Generation Tours  Wander Wisconsin

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Visa/MC \_\_\_\_\_ Received by \_\_\_\_\_



## HEALTH HISTORY AND EMERGENCY CARE PLAN

Directions: Please complete this form entirely. **A review by parents/guardians and staff should occur at least every annually or when needed. This form must remain with the student during the hours the student is present at Middle School U if the student has any special health care needs.**

### CHILD INFORMATION:

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ Birthdate (M/D/Y) \_\_\_\_\_

Home Address (Street, City, State, Zip Code) \_\_\_\_\_ Date - First Day of Attendance (M/D/Y) \_\_\_\_\_

Please fill in the student's vaccination dates below:

VACCINATIONS (DATES)	1ST	2ND	3RD	4TH	5TH
DTP Diphtheria, Tetanus, Pertussis					
Poliomyelitis (oral Sabin)					
Hib					
Hepatitis B					
MMR Measles, Mumps, Rubella					
Varicella (Chicken Pox) Or approximate date of disease					

**PARENT / GUARDIAN INFORMATION:** Provide information where the parent(s) / guardians(s) can be reached while the student is in care.

Name of Parent / Guardian 1 \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Name of Parent / Guardian 2 \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** A minimum of two emergency contacts other than parents is required. **Emergency contacts must be at least 18 years old and be available at the listed number during program hours.**

Name of Emergency Contact 1 \_\_\_\_\_ Day Phone Number \_\_\_\_\_ Complete Address \_\_\_\_\_ Relationship to Child \_\_\_\_\_  Auth. Pickup

Name of Emergency Contact 2 \_\_\_\_\_ Day Phone Number \_\_\_\_\_ Complete Address \_\_\_\_\_ Relationship to Child \_\_\_\_\_  Auth. Pickup

### PHYSICIAN / MEDICAL FACILITY INFORMATION:

Name of Physician \_\_\_\_\_ Name and Address of Medical Facility \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please complete rest of Health History and Emergency Care Plan on the back of this form.**

**SPECIAL HEALTH INFORMATION (Be specific) *Continue on separate sheet if needed.***

1. Check any special medical condition that the student may have:

- No specific medical condition     Asthma     Diabetes     Epilepsy / Seizure Disorder  
 Gastrointestinal or Feeding concerns including special diet and supplements     Cerebral Palsy / Motor Disorder

Emotional / Behavior Disorder including ADD or ADHD or other Mental Health concerns or diagnosis – Specify:

Other condition(s) requiring special care – Specify:

Food Allergies – Specify food(s):

Non-food Allergies – Specify:

2. Triggers that may cause problems – Specify:

3. Signs or symptoms to watch for – Specify:

4. Steps the Middle School U staff should follow. If medications are necessary, a copy of the authorization to Administer Medication must be completed and submitted to the MSU staff. Forms are available at the office or site.

a.

b.

c.

5. Medications the student takes regularly outside of program:

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

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

8. Additional information that may be helpful to the Middle School U staff:

**In the event the student becomes ill or injured, I understand every effort will be made to reach me or an emergency contact person on file. I give my consent for Middle School U to act on my behalf to obtain emergency care and treatment if it is deemed necessary.**

\_\_\_\_\_  
Signature – Parent or Guardian

\_\_\_\_\_  
Date Signed

**SITE USE - REVIEW DATES**  
\_\_\_\_\_



# ACCOUNT SECURITY FORM



Student's Name \_\_\_\_\_

*(This is a required form. Please read carefully and print clearly where applicable. Answers should be the same for each child on the account.)*

### ACCOUNT CONFIDENTIALITY

In order to protect your privacy, we are unable to provide account access to anyone other than an Account Holder or Authorized User. An Account Holder is anyone who has signed the Registration Agreement. Account Holders are liable for the account, are able to request information, and are able make changes to the account.

Authorized Users are individuals authorized by the Account Holder to access information on the account. **As the Account Holder, you may authorize other individuals (e.g. a spouse and/or Parent 2) by listing their name(s) below.**

I authorize the following person(s) to be an **Authorized User**, allowing him/her to access information on the account:

\_\_\_\_\_

I authorize the following person(s) to be an **Account Holder**, allowing him/her to make changes to account information: **(Please note that this person must sign the Registration Agreement before he/she is officially considered an Account Holder.)**

\_\_\_\_\_

### ACCOUNT ACCESS PASSWORD

Account Holders/Users requesting information or intending to make changes on an account are required to provide their Account Access Password. If a password cannot be provided, a security question will be asked so we may retrieve and provide the password. **Please provide us with an Account Access Password below.**

Account Access Password\* \_\_\_\_\_ **(Maximum: 6 characters)**

Security Questions\* **(Please answer at least one of the following):**

- 1. What street did you live on during High School? \_\_\_\_\_
- 2. What was the make of your first car? \_\_\_\_\_
- 3. What is your Grandmother's maiden name? \_\_\_\_\_

Signature\* \_\_\_\_\_ Date: \_\_\_\_\_ Signature\* \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian 1) (Parent/Guardian 2)

**\*Required Fields**

### 2009 MSU CREDIT CARD AUTHORIZATION (OPTIONAL)

Account Holder (Parent 1) \_\_\_\_\_

Student's Name(s) \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Type: [ ] Visa [ ] MasterCard

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_  
MM YY

**(Please indicate authorization by selecting one or both of the boxes below)**

- [ ] I authorize weekly charges to the credit card listed above for AFTER SCHOOL MSU fees occurring June 2009 through August 2009.
- [ ] I authorize a one time charge of \$ \_\_\_\_\_ to the credit card listed above for 2009 MSU fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_