



1409 Theresa Terrace, Madison, Wisconsin 53719 • Phone: 608-661-0359 • Fax: 608-661-0318

Theresa Terrace Neighborhood Center is operated by Wisconsin Youth Company.

Dear Families,

The Theresa Terrace Neighborhood Center (TTNC) is excited to provide an after school program for elementary age children living in and around the Falk Elementary community.

The TTNC After School program is free of charge for participating children. Our staff will provide a daily routine including snack, academic help, organized activities and free choice options. Our program includes a daily drop-in on Monday from 1-5:45 p.m. and Tuesday through Friday from 2:30-5:45 p.m.

Participants are free to walk home independently or to be picked up any time before 5:45 p.m.

If you wish to have your child(ren) participate in our program, please complete a registration and demographic information form. Our center collects this information for emergency purposes and reporting demographic data to our funders. This provides our funders with a better understanding of the population TTNC serves.

We look forward to having your family participate in our program. Please contact TTNC if you have any questions regarding the registration process or to submit your child's registration form, lobby: 608-661-0359 or director desk: 608-661-0368.

Sincerely,

Jennifer Weber
Center Director

Theresa Terrace, operated by Wisconsin Youth Company, Registration Form



Participant's Name (First, Middle, Last)		Male / Female	Birthdate	Age
Grade in Fall 2017	School Attending in Fall 2017		Program Site	
Parent/Guardian 1		Relationship to Child		Parent/Guardian 2
Address		Address		
City/State/Zip		Home Phone		City/State/Zip
Work Phone		Cell Phone		Home Phone
E-mail Address		E-mail Address		

Participant resides with: Mother Father Guardian Other Relationship: _____

Special Health Information *(Please be specific; use other side if necessary.)*

Allergies: _____ Have Epi Pen: Yes No

Medical Conditions: _____

Behavioral/Emotional Needs: _____

Asthma: _____ Have Inhaler: Yes No

Emergency Contact/Pick-up Authorization Information:

In addition to primary and secondary persons listed above, list one emergency contact (REQUIRED). In an emergency, if no contact can be made to those listed here, the police department may be notified. Add additional authorized pick up persons here, if applicable.

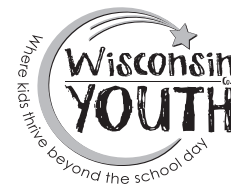
Name (First & Last)	Best Phone # During Program Hours	Complete Home Address	Relationship to Child	Emergency Contact Person
				<input checked="" type="checkbox"/>
				<input type="checkbox"/>

Registration and Permission to Participate

1. I am aware that if my child's participation in any Wisconsin Youth Company (WYC) program(s) for which he/she is registered requires more than reasonable accommodations, whether due to special needs or behavior, my child may be removed from the program.
2. I understand if my child has any behavioral/emotional needs, I have so indicated in the special health information section of this form.
3. In the event my child becomes ill or injured, I understand that an effort will be made to reach me or an emergency contact person on file. I give consent for Wisconsin Youth Company to act on my behalf to obtain emergency care and treatment if deemed necessary.
4. I understand the WYC will be providing transportation. I give my permission for my child to be transported in a WYC bus or van or by a contracted provider to this program. I understand that unacceptable behavior on the bus may lead to my child's removal from the program.
5. I understand that an authorized pick-up person or myself must pick up my child on time or I can authorize my child to walk home from Theresa Terrace Neighborhood Center (TTNC) by checking the box below and providing your initials.
 I give permission for my child to walk home from TTNC _____ (initials).
6. I give permission for my child or me to appear in any media coverage approved by Wisconsin Youth Company and for WYC to use photos of my child in promotional publications, flyers, social media or website.
7. I have read and understand the program description and schedule as outlined in the registration information letter

Parent/Guardian - Please Print Name	Participant - Please Print Name
_____ Signature of Parent/Guardian	_____ Signature of Participant
Date	Date

Office Use Only - Date Received _____ Intake Initials _____ WAIT LIST: M T W R F Date Confirmed _____
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Demographic Information (collected for grant reporting purposes only):

1. My child's ethnicity is:

- Also Hispanic or Latino
- Only Hispanic or Latino
- Not Hispanic or Latino

2. My child's race is (check all that apply)

- White/Caucasian
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African American and White/Caucasian
- Asian and White Caucasian
- American Indian/Alaska Native and White/Caucasian
- American Indian/Alaska Native and Black/African American
- Other: _____
(please specify)

3. There are _____ members of my household with a disability.

4. The head of my household is male female

5. There are _____ number of people in my household.

6. The annual income of my household is approximately _____.



This program is funded through a grant from the City of Madison.