



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,

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.

TTNC's 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-off 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.

Students will be asked to put away personal cell phones and other electronics during program. TTNC is not responsible for lost, stolen, or damaged items.

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, front office 608-661-0359 or site supervisor office 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 2018 _____	School Attending in Fall 2018 _____	Program Site _____		
Parent/Guardian 1 _____	Relationship to Child _____	Parent/Guardian 2 _____	Relationship to Child _____	
Address _____		Address _____		
City/State/Zip _____	Home Phone _____	City/State/Zip _____	Home Phone _____	
<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		
Work Phone _____	Cell Phone _____	Best Phone # During Program Hours _____	Work Phone _____	Cell 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 _____

<b>Office Use Only</b> - 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.