



Village of Hartland Recreation Department

Before and After School Program - Registration Form

Hartland South all full days from **6:00 - 8:40am** and **3:35 - 6:00pm**. On half days, the morning program would still be provided. Registrations will be taken to Village Hall, 210 Cottonwood Ave., in Hartland starting July 30th. Families needing financial assistance should contact Michele Davis at Hartland Lakeside Middle School, mdavis@hartlake.org or 262-369-6746.

Payer Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____ E-Mail _____

Geographic Area (i.e., Village of Hartland, Town of Delafield, Village of Merton) _____

Student's Name _____ MALE or FEMALE (circle) Birth Date (MM/DD/YYYY) _____

School: NORTH or SOUTH My student needs reasonable accommodations to enjoy this program: YES or No Please contact me to share specific details. (check)

AM OR PM - Per Child:	3 Days	\$35.00	Both AM / PM - Per Child:	3 Days	\$59.00
	4 Days	\$44.00		4 Days	\$73.00
	5 Days	\$53.00		5 Days	\$89.00

Please enter the calendar dates your child will be attending in the boxes to the right. Once the date is entered please mark if your child will be attending the AM, PM, or both sessions.

(enter date in box)	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	FEE
AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	<input type="checkbox"/>
AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	<input type="checkbox"/>

All participants are requested to sign the following release. Parent or guardians must sign for minors. I/We the undersigned, do hereby agree to allow the above named to participate in the activity indicated. I/We are aware of and understand that there may be potential risks inherent with participating in any recreational activities and that the Village of Hartland does not provide accident insurance. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the Hartland Recreation Department employees, staff, and other persons for any and all claims, injuries, liabilities, damage or right of action directly or indirectly arising out of the use of Hartland Recreation Department facilities, equipment, and/or participation in Village of Hartland Recreation Department activities. In the event of medical emergency, I authorize the Recreation Department staff to obtain medical treatment for the above named. I give permission for myself or my child to appear in media/promotion materials approved by the Village of Hartland.

SIGNATURE _____ DATE _____

Check (payable to Village of Hartland)

Cash Credit Card MasterCard Visa

Expiration Date: ____/____/____

Payment Amt: _____

Card #: _____

Card Holder Name: _____

TOTAL



Village of Hartland Recreation Department

Before and After School Program - Registration Form
210 Cottonwood Ave., Hartland, WI 53029

Student's Name _____

Please enter the calendar dates your child will be attending in the boxes to the right. Once the date is entered please mark if your child will be attending the AM, PM, or both sessions.

(enter date in box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEEKLY FEE
AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	
AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	
AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	
AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	
AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	
AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	AM ___ PM ___	
TOTAL							

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 4 Days \$44.00
 5 Days \$53.00

Both AM / PM Per Child:
 3 Days \$59.00
 4 Days \$73.00
 5 Days \$89.00

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SIGNATURE _____ DATE _____

Check (payable to Village of Hartland) _____
 Cash _____
 Credit Card _____ MasterCard _____ Visa _____
 Expiration Date: ____/____/____
 Payment Amt _____
 Card #: _____
 Card Holder Name: _____



Before / After School Program - Emergency Information

Student's Name: _____ Home phone: _____

Allergies (medical or non-medical) _____

Pre-existing medical condition (applicable to program activities) _____

Medications: _____

Other: _____

Emergency Contacts:

Name:	Relation:	Phone Number:
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____