Camp Compass
Formerly MSCR Safe Haven Summer Camp
Summer 2020
Registration Packet
OUR MISSION: MSCR will enhance the quality of life for individuals in the Madison Metropolitan School District and for the community by providing recreation and enrichment opportunities year-round that are accessible to all.

PROGRAM INFORMATION

MSCR Camp Compass runs for 8 weeks from Monday, June 22 - Friday, August 14, 2020. Registration cannot be done on a weekly basis.

Program hours are as follows: Monday - Friday 7:45 am - 5:30 pm

All participants must leave the school when the program ends. A late charge of $5 per 15 minutes will be charged to your account for pick-ups after program end.

Breakfast, lunch and an afternoon snack will be provided. Families can choose to send alternative meals from home if they wish. A lunch and snack menu will be available.

MSCR Camp Compass provides structured activities in such areas as arts & crafts, dramatic play, science, sports & games and nutrition. We focus on learning, exploring and growing through fun and educational programming and experiences in Madison, Dane County and throughout South Central Wisconsin.

Participants will be provided with both indoor and outdoor activities each day. MSCR Camp Compass will offer weekly field trips, MSCR swimming lessons, hands-on outdoor learning at the MMSD School Forest and Wisconsin State Parks, special interest clubs and both independent and group activities. Individual field trip permission slips will not be sent, but parents will be notified of off-site trips and schedules.

There will be no MSCR Camp Compass on Friday, July 3.

If your child will be absent from the program, please be sure to let us know. Please call the MSCR Site Director at your site.

MSCR is a department of the Madison Metropolitan School District; MSCR staff may access Infinite Campus to gain additional information regarding your child.

Please complete all pages of this registration form providing ALL information requested. A separate form for each child is required. Incomplete forms will be returned. Space is limited. Registrations will be accepted on a first come, first serve basis.

Registration forms must be processed by Friday, June 5 in order for participants to attend the first week of program.

Your child is NOT eligible to attend the MSCR Camp Compass program until you have received a confirmation letter/email from MSCR.

CONTACT INFORMATION

Camp Compass at Falk Site Director: Victoria Patterson, vrpatterson@madison.k12.wi.us, office #: 608-204-2208

Camp Compass at Lowell Site Director: Sarah Lind, slind@madison.k12.wi.us, office #: 608-204-6616

Camp Compass at Midvale Site Director: Megan Woodward, mwoodward2@madison.k12.wi.us, office #: 608-204-6733

Camp Compass at Schenk Site Director: LaRonda McLin, lrmclin@madison.k12.wi.us, office #: 608-204-1485

MSCR Camp Compass Coordinator: Leslie Smith, lasmith2@madison.k12.wi.us or 608-442-2892

For billing or registration questions, please contact: Vick Mejeris at vmerjeris@madison.k12.wi.us or 608-467-8360

Submit completed form to: MSCR Camp Compass Registration, Attn: Vicki Mejeris, MNC 5740 Raymond Rd, Madison, WI 53711
PAYMENT PROCEDURES
Please read and follow the procedures listed below. In order to attend the first week of program the registration process must be completed by Friday, June 5, 2020.

1. IF PAYING FULL FEES:
   A. Only complete the registration form.
   B. Check the "Paying All Fees" box on the MSCR Camp Compass Registration Form.
   C. Submit the MSCR Camp Compass Registration Form to MSCR Camp Compass Registration, Attn: Vicki, MNC 5740 Raymond Rd, Madison, WI 53711
   D. If your child is a current MSCR afterschool participant, you may return to your child’s current site director.

2. IF UNABLE TO PAY FULL FEES:
   A Wisconsin Shares acceptance or denial letter must be attached to all Camp Compass Registration Forms. Your child’s MSCR Camp Compass Registration Form will not be processed without the Wisconsin Shares acceptance or denial.

   If currently qualified for Wisconsin Shares Childcare Assistance:
   a. If you have received Wisconsin Shares in the last 6 months: Please call the Dane County Change Reporting Center at 1-888-794-5556, request authorization for MSCR Camp Compass and provide the following information:

      | MSCR Camp Compass CARES Provider #: 5000561125 |
      |-----------------------------------------------|
      | Falk location #13,                              |
      | FIS# E252609                                     |
      | Lowell location #17,                             |
      | FIS # E252629                                    |
      | Midvale location #11,                            |
      | FIS # E252581                                    |
      | Schenk location                                  |
      | To be determined                                 |

   b. Upon receipt of an acceptance letter from Wisconsin Shares, send a copy of the letter with your MSCR Camp

   If not currently qualified for Wisconsin Shares Childcare Assistance and unable to pay full fees:
   Prior to submitting the MSCR Camp Compass Registration Form, you must complete the following steps:
   1. Go the www.access.wi.gov to check for your eligibility for Wisconsin Shares Child Care subsidy.
   2. Click on the link "Am I Eligible?"
   3. Scroll to the bottom of the page and click "Next" to start the process.
   4. Provide all the information requested
      a. If the Result Page shows that you may not be able to get Wisconsin Shares, print the Result Page and submit with MSCR Camp Compass Registration Form.
      b. If the Result Page shows that you may be able to get Wisconsin Shares, then click on "Apply for Benefits" to initiate your Wisconsin Shares application or contact the Dane County Capital Call Center at 1-888-794-5556 to apply by phone.
   5. To complete the Financial Assistance application process, please see the last page of this packet.

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REGISTRATION FORM

Please complete all pages of this registration form providing ALL information requested. A separate form for each child is required. Incomplete forms will be returned. Space is limited, registrations will be accepted on a first come, first serve basis. Program runs for 8 weeks from June 22, 2020- August 14, 2020. There is no program July 3.

- MSCR Camp Compass at Falk Elementary School
- MSCR Camp Compass at Lowell Elementary School
- MSCR Camp Compass at Midvale Elementary School
- MSCR Camp Compass at Schenk Elementary School

Child’s Full Name: ___________________________________________________________   Gender child identifies with:  ___________

Date of Birth (mo/day/yr):____/____/_____  Child’s T-shirt size_________Grade attending in 20/21 school year: ________

School Child Attends: ____________________________________________________________________________________________________

Name(s) of siblings attending MSCR Camp Compass Program (if applicable): ________________________________________

Household 1:

Parent/Guardian Name:_________________________________________ Email: ______________________________________________________

(Important for confirmation letters and billing statements)

Work Phone: (______)__________________________           Cell Phone: (______)__________________________

Address: _________________________________________________________________________________________________________________

Number and Street  Apt #  City  State  Zip Code

Household 2 (If applicable)

Parent/Guardian Name:_________________________________________ Email: ______________________________________________________

(Important for confirmation letters and billing statements)

Work Phone: (______)__________________________           Cell Phone: (______)__________________________

Address: _________________________________________________________________________________________________________________

Number and Street  Apt #  City  State  Zip Code

Does your child qualify for free or reduced lunch?  Child’s Ethnicity: (Check one)

- Yes  ❏  African American/Black
- No  ❏  American Indian/Alaskan
- Unknown  ❏  Asian/Pacific Islander
- ❏  Hispanic/Latino
- ❏  Multiracial
- ❏  White

Name(s) of other adults who may pick your child up from the MSCR Camp Compass:

Name:___________________________________Relationship to child______________________Phone (______)____________________

Name:___________________________________Relationship to child______________________Phone (______)____________________

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HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS:  □ No  □ Yes
If yes, please describe: ___________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

DOES YOUR CHILD HAVE ANY ALLERGIES:  □ No  □ Yes
If yes, please describe: ___________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

If your child will require an alternative meal, please submit documentation from a physician.

MEDICATION

Does your child require medication during the program?  □ No  □ Yes
If yes, please describe: ___________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

In order to administer medication: authorization forms from you and your child’s doctor must be on file. Please ask the program supervisor for medication forms. If your child self-administers over the counter or prescription medication, medication forms must still be completed and on file at the program.

What else would be helpful for program staff to know about your child?

Triggers that may cause problems (specify):

Signs or symptoms to watch for (specify):

Steps the caregiver should follow:

When to call parents regarding symptoms or failure to respond to treatment:

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

Doctor/Hospital Information:
Physician’s Name: _______________________________________________ Phone: (______)___________________________
Address: ____________________________________________________________________________________________________________
Hospital preference: __________________________________________________________________________________________________

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I authorize the program to apply sunscreen to my child. □ No □ Yes

I authorize the program to apply insect repellent to my child. □ No □ Yes

I authorize MSCR staff to use immunization records for my child from MMSD infinite campus. □ No □ Yes
(If no or out of MMSD, an up to date immunization record must be submitted)

I give permission for my child to participate in MMSD, MSCR, PTO and other community partner sponsored events or activities (clubs) during their scheduled time in MSCR Camp Compass. □ No □ Yes

Will your child require accommodations related to a disability to participate in program? □ No □ Yes

INCLUSION SERVICES FOR PEOPLE WITH DISABILITIES
Please contact Cheryl Dietrich (cstanley@madison.k12.wi.us) for Lowell and Schenk and Kate Dvorak (kdvorak@madison.k12.wi.us) for Falk and Midvale, MSCR’s Inclusion Services Coordinators to discuss accommodations. At least two weeks notification is requested to plan and coordinate reasonable accommodations.

Please describe any medical condition or disability requiring accommodation to participate:

PAYMENT METHODS

CHECK ONE BOX BELOW THAT ACCURATELY REFLECTS HOW YOUR CHILD(S) CAMP COMPASS FEES WILL BE PAID.

Please read through the following information completely before making your selection. If you have questions regarding your child’s Camp Compass account, please contact Vicki Mejeris at 467-8360 or vmejeris@madison.k12.wi.us

☐ PAYING ALL FEES - Payment information will be emailed with your child’s confirmation letter.
(4 equal payments due June 15, July 1, July 15 and August 1)

<table>
<thead>
<tr>
<th>Summer fees for the 8-week Camp Compass program:</th>
<th>1 child</th>
<th>2 children from same immediate family</th>
<th>3 or more children from same immediate family</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMSD Resident Fees</td>
<td>$1,120</td>
<td>$1960</td>
<td>$2800</td>
</tr>
<tr>
<td>Non Resident Fees, 50% more</td>
<td>$1680</td>
<td>$2940</td>
<td>$4200</td>
</tr>
</tbody>
</table>

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QUALIFIED FOR WISCONSIN SHARES CHILD CARE ASSISTANCE AND HAVE ATTACHED THE AUTHORIZATION NOTICE (please see procedure page). I agree to pay the bi-monthly (every 2 weeks) co-pays. You will be billed what Dane County does not pay. Fee waivers are available only to MMSD residents.

APPLYING FOR MSCR PARTIAL FEE WAIVER AND HAVE ATTACHED THE WISCONSIN SHARES DENIAL LETTER AND OTHER REQUIRED PAPERWORK VERIFYING MY INCOME (please see procedure page). I agree to pay the bi-monthly (twice a month) fees based on my income level as determined by a sliding fee scale. Fee waivers are available only to MMSD residents.

WAIVER AND RELEASE OF LIABILITY

By registering for MSCR youth programming, I hereby agree and understand:
1. That MSCR programs are not covered by accident insurance.
2. That I and my child(ren) will adhere to MSCR rules and procedures.
3. That I will hold the Madison Metropolitan School District (MMSD) harmless and defend the District against any claims brought by and on behalf of my child(ren) for any injury sustained by my child(ren) as a result of his/her participation in a MSCR program, provided, however, that this provision shall not apply to liabilities caused by or resulting from the gross negligence of the District, its employees or agents.
4. That MMSD/MSCR staff may take photos of my child(ren) and I consent to the use of my child(ren)'s photo for promotional or educational purposes.
5. That I hereby give permission for MSCR to take or transport my child(ren) on supervised field trips during program hours.
6. That all children must leave the building at the close of the program. Parents/Guardians are responsible for their children at closing time.
7. That I hereby grant permission for MMSD/MSCR staff to share, with each other, any information or records regarding my child. This includes the ability of MMSD school staff to disclose to MSCR staff pupil records or information related to disability status, health conditions and behavioral concerns for the purpose of providing appropriate accommodations and supports in MSCR youth programming.
8. That MSCR/MMSD staff have my permission to assist my child in the application of sunscreen and/or insect repellent prior to outdoor activities. It is my understanding that children are required to bring both sunscreen and insect repellent for use during MSCR programs. Children should come to their program in the morning with sunscreen already applied.
9. That if emergency medical care is deemed necessary and I am unable to be reached, MSCR staff is authorized to act in my child’s behalf in granting permission for my child to receive emergency treatment or surgery.

By registering or participating, the registrant understands that individual accident insurance is not provided for MSCR programs and agrees to adhere to program rules. I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or, in any way connected with my participation in MSCR programs. Photos may be taken during program for educational and marketing purposes. I have read and agree to follow the registration policies.

Parent/Guardian Signature: _________________________________ Date: __________________

Please return completed forms to Vicki Mejeris, vmejeris@madison.k12.wi.us, office # 467-8360

Registration forms must be processed by Friday, June 5 in order for participants to attend the first week of program.
MSCR APPLICATION FOR FINANCIAL ASSISTANCE
(Complete this form only if you are applying for a partial fee waiver)

1. Complete this MSCR Application for Financial Assistance.

2. Provide all pages from the Wisconsin Shares acceptance or rejection letter. If this letter contains financial information for all family members, it can serve as documentation for #3.

3. Submit the first page of the most recent year’s tax return. If not available, please submit one of the following:
   - Most recent W-2(s)
   - Two consecutive recent payroll stubs for all working adults in the home
   - Document showing SS or SSI amount received monthly
   - Two unemployment check stubs

Financial Assistance forms cannot be processed until all documentation is submitted. All submitted financial information will be kept confidential.

All documents and this form can be submitted to:

Meadowood Neighborhood Center
Attn: Vicki Mejeris
5740 Raymond Rd
Madison, WI 53711

Or scan and email to: vmerjeris@madison.k12.wi.us
Or fax to: 608-229-6825

For questions, please call Vicki @ 608-467-8360

Child(ren)’s Name(s) that will be attending MSCR Camp Compass ________________________________________________________________

Camp Compass Site: Falk Lowell Midvale Schenk

PARENT/GUARDIAN #1 Name ____________________________________________________________

Employer _______________________________________________________________ Occupation _________________________________________________

Daily work hours ______________ Average Hours worked/ week ______________ Length of time employed ______________

PARENT/GUARDIAN #2 Name (if applicable) ____________________________________________

Employer _______________________________________________________________ Occupation _________________________________________________

Daily work hours ______________ Average Hours worked/ week ______________ Length of time employed ______________

List all persons living in your household (including other adults):

Currently Employed? □ Yes □ No

Name: Last First Age Birthdate Relationship to child

Name: Last First Age Birthdate Relationship to child

Name: Last First Age Birthdate Relationship to child

Name: Last First Age Birthdate Relationship to child

Please explain any other circumstances you would like us to consider:

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