

MSCR Registration Form

Madison School & Community Recreation Office: MSCR 3802 Regent St., Madison, WI 53705

Phone: 608-204-3000

Fax: 608-204-0557

Para ayuda en español, marque el 204-3057

Head of Household/Parent/Guardian:

Last Name		First Name		Preferred Phone		Alternate Phone		Are you an MMSD resident? (Check one) Yes ___ No, Non MMSD residents pay 50% more. See page 48.	
Street Address				Apt #	City		State	Zip code	
Email (Required for registration confirmation OR send a stamped, self-addressed envelope)				Do you require accommodations to participate in an activity? Yes ___ No ___ Explain: _____					
Please note disability or health concern (if any):									

Participant's Full Name	Gender	Date of Birth m/d/yy	Grade 2015-2016	Race (below)	Choice	Program Title	Location	Start Date	Start Time	Course #	Fee
					1st Alternate, if any						
					1st						
					Alternate, if any						
					1st						
					Alternate, if any						
					1st						
					Alternate, if any						
					1st						
					Alternate, if any						

- Race: *Please indicate above using corresponding number: (Optional)
1. American Indian or Alaskan Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Other Pacific Islander
 5. Hispanic
 6. White
 7. Multiracial

Liability Waiver - Signature Required for Participation

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 Program. Photos may be taken during program for educational and marketing purposes. I have read and agree to follow the registration and refund policies.

Signature: _____

IDs are required for classes at Warner Park Community Recreation Center. Go to www.msccr.org for more information.

T-Shirt Size (if applicable to program)

Name: _____ Size: _____ Youth sizes XS S M L XL

Name: _____ Size: _____

Fee Total \$ _____

Donation \$ _____

Total \$ _____

Payment (check all that apply) ___ Cash ___ Check # _____ (Payable to MSCR)

___ I am applying for fee assistance. Please see reverse page. ___ Credit Card: MasterCard or Visa Only

Credit Card Number:

Expiration Date:

Card Holder Print Name: _____

Payment Amount \$ _____ Authorized Signature: _____

Request for Fee Waiver

FEE WAIVERS - PLEASE READ

Fee waivers are available only to MMSD residents. Non-residents do not qualify for Fee Waivers. Fee waiver request and payment must accompany Registration Form. Fee waivers are not granted after registration is processed.

Please fill out completely and check each item as appropriate. No refunds or adjustments. Please note: Any payments included with your Registration Form are applied to program fees for requested courses.

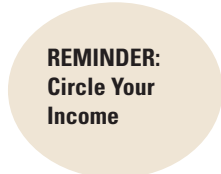
A. NAME

Participant Name: _____
Last First

Parent/Guardian Name: _____
(for age 17 & under) Last First

B. CIRCLE YOUR FAMILY SIZE & INCOME - 185% OF FEDERAL POVERTY GUIDELINES (GROSS INCOME*)

FAMILY SIZE	ANNUAL	MONTHLY	TWICE/MONTHLY	EVERY TWO WEEKS	WEEKLY
1	\$21,589.56	\$1,799.13	\$899.57	\$830.37	\$415.18
2	\$29,100.48	\$2,425.04	\$1,212.52	\$1,119.25	\$559.62
3	\$36,611.52	\$3,050.96	\$1,525.48	\$1,408.14	\$704.07
4	\$44,122.56	\$3,676.88	\$1,838.44	\$1,697.02	\$848.51
5	\$51,633.48	\$4,302.79	\$2,151.40	\$1,985.90	\$992.95
6	\$59,144.52	\$4,928.71	\$2,464.36	\$2,274.79	\$1,137.39
7	\$66,655.56	\$5,554.63	\$2,777.32	\$2,563.68	\$1,281.84
8	\$74,166.48	\$6,180.54	\$3,090.27	\$2,852.56	\$1,426.28
Each Add	\$7,511.04	\$625.92	\$312.96	\$288.89	\$144.44



*Gross Income, as the term is used in this table, means: Income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds.

1. _____ I, or my child, was already approved for a Fee Waiver in 2015 for _____ (Program Area). Skip questions in Section C.

C. PARTICIPANT - COMPLETE "ADULT" OR "CHILD" SECTIONS FOR FEE WAIVERS REQUESTED

ADULT

Fee waivers are limited to one course per adult per program *session. Adult participants are required to pay 50% of the course fee. Check one:

1. _____ My family income is at or below 185% of the Federal Poverty Level as circled above. Answer #2.
2. _____ I am requesting a fee waiver and can pay \$_____ toward the fee which is enclosed.
If fee waiver request exceeds 50% of program cost, please explain and enclose proof of income:

CHILD (AGE 17 AND UNDER)

Fee waivers are limited to two courses per child per program *session. MSCR youth program fees may be partially or fully waived for youth meeting the criteria for free or reduced lunch. Parents/guardians are requested to pay what they can towards the program fee.

1. _____ My family income is at or below 185% of the Federal Poverty Level as circled above.
Answer #2 and #3.
2. _____ My child qualifies for free lunch _____ yes _____ no; or reduced lunch _____ yes _____ no.
3. _____ I am requesting a fee waiver and can pay \$_____ towards the fee, which is enclosed.

THERE ARE THREE SESSIONS PER YEAR - WINTER/SPRING, SUMMER AND FALL.