



Reserved for SSP Business Office	
Date Received _____	Online Received _____
Birth Certificate Rec'd _____	
\$175 Registration Received _____	
Payroll Deduction _____	
FOB Ordered _____	

2019-20 All Aboard Program Enrollment Information Form

Child's Name: _____ Birth Date: _____ Male / Female

Submitting All Aboard enrollment for:

- School Year Plan (Monday through Friday from 6:45 a.m. to 5:30 p.m.)
 Caboose Club (extended care from 5:30 to 6:00 p.m. is part of the elementary BAC program)
 Readiness 3 Day Plan (Tuesday, Wednesday, Thursday from 9 a.m. to 2 p.m.)

Child was enrolled in 2018-19 TOTS: Yes No

ALL ABOARD PREFERENCE LOCATION Please rate your 2019-20 All Aboard child's school location preference below from 1st to 6th: If we can't place at your 1st choice, we will try to place you in an alternative location.

- | | | |
|--|--|---|
| <input type="checkbox"/> Carey Ridge Elementary | <input type="checkbox"/> Maple Glen Elementary | <input type="checkbox"/> Monon Trail Elementary |
| <input type="checkbox"/> Shamrock Springs Elementary | <input type="checkbox"/> Washington Woods Elementary | <input type="checkbox"/> Oak Trace Elementary |

My child is, or will be, 4 years old by August 1, 2019 and will attend kindergarten the 2020-21 school year? Yes / No
 Copy of Birth Certificate is attached with this form. Yes / No

Based on our home address, the school my child would attend for 2020-21 school year is: _____

I live in the Westfield Washington School district? _____ Proof of Residency is attached with this form. Yes / No

SIBLINGS

I am submitting 2019-20 TOTS enrollment for a sibling? _____ Name: _____

Circle the sibling's classroom you anticipate for 2019-20: Infant Toddler Preschool

I have older child(ren) attending WWS _____ Name: _____ School attending _____

Name: _____ School attending: _____

PARENT CONTACT INFORMATION:

Mother's Name _____

Father's Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Primary Phone _____

Primary Phone _____

Cell: _____ Work: _____

Cell: _____ Work: _____

Email: _____

Email: _____

Do you currently have a fob? _____

Do you currently have a fob? _____

Which parent is financially responsible for the 2019-20 All Aboard program? Mother _____ or Father _____

HEALTH RECORDS: (This would be taken to emergency facility, if needed.)

Student's Physician: _____ Physician's Phone: _____

Local Hospital Preference: _____ Allergies: _____

Special needs, special routines, modifications, or medications prescribed by a doctor or known health conditions? Yes / No

If yes, please outline cautions for our staff: _____

WWS EMPLOYEES: (Please complete this section if either parent is a WWS employee)

Mother is employed by WWS _____ Building Location _____ Do you currently have a job? _____

Father is employed by WWS _____ Building Location _____ Do you currently have a job? _____

If you are a WWS extended contract employee (school counselors or school nurses), do you need extra care days?

If yes, please designate start date _____ and/or end date _____.

As a WWS employee, I would like to use payroll deduction to collect the 2019-20 All Aboard fees? Yes / No

If yes, how many pay periods between the dates of August 20, 2019 and August 5, 2020 would you like to use payroll deduction (maximum pay periods is 24 pays)? _____

Read and Initial Each Blank Below:

- _____ All children and adults agree to adhere to the guidelines and to follow all school policies and procedures.
- _____ My child is (or will be) 4 years old by August 1, 2019 as required for enrollment in the All Aboard Program.
- _____ I understand school location preference depends on space available. SSP Business Office will consider your request but will ultimately have the final decision.
- _____ In the event that I choose to withdraw my child from the All Aboard Program, I must provide a written notice 10 business days in advance notice to the Lead Facilitator and the SSP Business Office noting the designated final date of attendance. Failure to provide 10 day written notice will result in an additional monthly fee due.
- _____ I will remain current in all fees due.
- _____ I have submitted the \$175 registration payment due per family (TOTS and All Aboard) along with this form.
- _____ I understand if my child is placed in the All Aboard Program, the \$175 registration payment is non-refundable.
- _____ I have submitted online enrollment between 1/14/19 and 2/15/19 through the EZ ChildTrack parent portal found on the school district website: www.wws.k12.in.us > Departments > Student Support Programs > EzChildTrack
- _____ I understand enrollment will be pending, and I will be notified of enrollment status by March 1, 2019.
- _____ I understand break care must meet minimum enrollment in order to be offered. Break location will be located in the school building where BAC break care is being held.
- _____ I understand I will have a lunch account set up in my child's name so I may deposit money into it for lunches.

REQUIRED signature of parent who will be financially responsible for All Aboard fees: _____

Please refer to the 2019-20 All Aboard Service Matrix and Rates for monthly installment prices
www.wws.k12.in.us > Departments > Student Support Programs > All Aboard

IMPORTANT—Items You Must Complete for Your Child's 2019-20 Registration:

1. Complete online EZ ChildTrack enrollment between 1/14/19 and 2/15/19
2. Return this completed form and the \$175 registration payment
3. Copy of the birth certificate
4. Copy of Proof of residency

Mail all these items to: **Westfield Washington Schools**
1134 East 181st Street
Westfield, IN 46074
Attn: Student Support Programs