



Reserved for SSP Business Office (revised 12-17-20)	
Date Received _____	Online Received _____
Birth Certificate Rec'd _____	
\$175 Registration Received _____	
Payroll Deduction _____	
FOB Ordered _____	

2021-22 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 8 a.m. to 1 p.m.)

Child was enrolled in 2020-21 TOTS: Yes No

ALL ABOARD PREFERENCE LOCATION *Please rank your 2021-22 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.*

____ Carey Ridge Elementary ____ Maple Glen Elementary ____ Monon Trail Elementary
____ Shamrock Springs Elementary ____ Washington Woods Elementary ____ Oak Trace Elementary

My child is, or will be 4 years old by August 1, 2021 and will attend kindergarten the 2022-23 school year? Yes / No
Copy of Birth Certificate is attached. Yes / No **OR** Birth Certificate On File from 2020-21 school year Yes / No

Based on our home address, the school my child would attend for 2022-23 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 2021-22 TOTS enrollment for a sibling? _____ Name: _____

Circle the sibling's classroom you anticipate for 2021-22: 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 job? _____ Do you currently have a job? _____
Which parent is financially responsible for the 2021-22 All Aboard program? Mother _____ or Father _____

HEALTH RECORDS:

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

Local Hospital Preference: _____ Allergies: _____

Special needs, special routines, or modifications, prescribed by a doctor or known health conditions? Yes / No If yes, please outline cautions for our staff: _____

Is your child taking any Medications? Yes /No If yes, please list _____

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? _____

As a WWS employee, I would like to use payroll deduction to collect 2021-22 All Aboard fees? Yes / No
If yes, how many pay periods between August 20, 2021 and June 3, 2022 would you like to use payroll deduction (the maximum pay periods you can use is 20 pays)? _____

If you do not choose to do payroll deduction, you may pay by credit card through your EZ ChildTrack account which has an autopay feature you can set up on your account or mail a personal check payable to Westfield Washington Schools, 1143 E 181 Street, Westfield, IN 46074 Attn: SSP

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, 2021 and is toilet trained.
- _____ I understand school 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 with the final date of attendance. Failure to provide a 10 day in advance written notice will result in an additional weekly fee.
- _____ I will remain current in all fees due and understand billing is posted weekly and due each Friday.
- _____ I understand there will be no credit/refunds for days unused for circumstances beyond the program's control.
- _____ 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 1/11/21 and 2/8/21 through the EzChildTrack 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 February 16, 2021.
- _____ 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.
- _____ I understand if I delay starting All Aboard, I will be charged 50% of each weekly fee to hold the spot.
- _____ I understand and will comply with all Covid-19 and/or other medical guidelines for the classroom.

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

Please refer to the 2021-22 All Aboard Service Matrix and Rates for weekly installment prices
www.wws.k12.in.us > Departments > Student Support Programs > All Aboard

IMPORTANT—Items you must complete before your child's 2020-21 All Aboard registration will be considered:

1. Complete online EZ ChildTrack enrollment between 1/11/21 and 2/8/21. Go to www.wws.k12.in.us > Departments > Student Support Programs > EZ ChildTrack link.
2. Return this completed form, Birth Certificate, proof of residency and the \$175 registration payment no later than 2/8/2021. Return all these items to: **Westfield Washington Schools, 1143 E 181 St, Westfield, IN 46074 Attn: SSP**