



**ABLE RCO™**

**Serving Northeast Wisconsin**

**MANITOWOC BRANCH**

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**OSHKOSH BRANCH**

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**HELPING INDIVIDUALS REACH  
THEIR HIGHEST POTENTIAL**

# 2023-2024 SCHOOL YEAR REGISTRATION FORM

Participant name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Release time: \_\_\_\_\_

Primary contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary address: \_\_\_\_\_ City: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Secondary contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary address: \_\_\_\_\_ City: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

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**PARTICIPATION DAYS**

Please choose one session and preferred days of participations. If a school release time is after 3:30 p.m. you must choose 5:30-7:30 p.m. unless special circumstances allow for early release.

**DAY OF THE WEEK**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**TIME OF DAY**

- 3-5 p.m.     5:30-7:30 p.m.
- 3-5 p.m.     5:30-7:30 p.m.
- 3-5 p.m.     5:30-7:30 p.m.
- 3-5 p.m.     5:30-7:30 p.m.
- 3-5 p.m.     5:30-7:30 p.m.

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## TRANSPORTATION

Once again, we will continue to limit our transportation availability as we have staff clean and sanitize after each session. Transportation will be available on a first come, first served service, however we ask that families please carefully consider their ability to provide transportation services, as there are many families who absolutely need this service for their child to access our programming. If your child can take the bus, they do drop off at ABLE. Please contact the bus company to enquire about this option.

My child absolutely needs transportation:  Yes  No      Booster needed:  Yes  No

Will be bussed?  Yes  No      Bus company notified?  Yes  No

Pickup location: \_\_\_\_\_

Take home location: \_\_\_\_\_

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## COUNTY CONTACT

Prior to turning in your child's registration form, we highly encourage you to contact your county case manager for approval of the service hours listed above. Without approval, we cannot guarantee that your child will have the allotted hours available in their budget to participate in all registered days.

**Please indicate** if you have received approval from your county case manager:  Yes  No

**Name of Case Manager:** \_\_\_\_\_

**ADDITIONALLY** – We must receive an updated authorization for services from your child's case worker prior to the start of services (even if they have been receiving ongoing services). If we have not received an authorization of services prior to the indicated program start date (listed above,) we will be unable to provide the services registered for until we have received the authorization. Once the authorization is received, your child will be on the schedule the following Monday. We highly encourage you to be in contact with your county case worker to ensure there is no lapse in services.

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## GROUP PROGRAM MEDICATIONS

Will ABLE need to administer prescribed medications to your child during their participation?  Yes  No

If medications will need to be given, a letter and form will be sent out for you to complete prior to your child starting group program services. Please inform your child's ABLE Program Director immediately if your child has any major changes to their medications.

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## ACKNOWLEDGMENT & AGREEMENT

By signing below, I agree to have my child \_\_\_\_\_ participate in the programs indicated above. **I understand that ABLE reserves the right to suspend or suggest service changes should my child display challenging behavior during a group program that poses a safety risk to themselves, staff, or other participants, or if they consistently disengage from scheduled activities.** I acknowledge that my child's services will begin according to the dates of ABLE's Registration Period listed on page one, presuming that ABLE has received the required documentation from my child's county funding agency. I have read and understand all information that has been provided to me in the Parent Handbook and agree to follow the outlined protocols and policies as long as my child is participating in ABLE's services.

Parent/guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_