

Bear Cub Den Registration
Barron Area School District
(715) 637-9199
cubden@barron.k12.wi.us

Child Name: _____ Birthdate: _____

Grade Level/Teacher: _____

Child's Primary Address: _____

City _____ State _____ Zip _____

Please list any serious allergies, health concerns, restrictions or medications taken for chronic health conditions: _____

Contact Information

| | |
|---|---|
| Primary Contact Person: Name: _____ Relationship to child: _____ Address: _____ Phone Number: _____ Email: _____ Employer: _____ Work Phone: _____ | Secondary Contact Person: Name: _____ Relationship to child: _____ Address: _____ Phone Number: _____ Email: _____ Employer: _____ Work Phone: _____ |
| Emergency Contact Person #1 (non-parent) Name: _____ Relationship to child: _____ Address: _____ Phone Number: _____ Email: _____ Employer: _____ Work Phone: _____ | Emergency Contact Person #2 (non-parent) Name: _____ Relationship to child: _____ Address: _____ Phone Number: _____ Email: _____ Employer: _____ Work Phone: _____ |

Primary contact who should receive the invoice: _____

Others authorized people to pick up child:

Bear Cub Den Parent Contract

My child(ren) _____

will be scheduled to attend Bear Cub Den for the 2024-25 school year.



Daily Cost:

Full Day: \$34

Before School \$6

After School \$9

I understand that scheduling accurate arrival and departure times is important for appropriate programming and staffing. I understand that I will be charged for all days that I have scheduled. Scheduled days are not transferable to other days or weeks. Bills will stay on your child's school account until paid in full.

I understand that if my child will not attend Bear Cub Den on a day that I scheduled him/her to attend, I must email, text or call the Bear Cub Den Staff to notify them of the absence.

Email: cubden@barron.k12.wi.us

Phone or text: (715) 418-9175

I understand that there is a late pick up fee of \$5/10 minutes after 6:00 pm.

I agree to give a 2 week notice if I decide to drop from the program. I understand that payment for those 2 weeks is required whether or not my child is in attendance.

I agree to pay a monthly invoice upon receipt.

I agree to notify Bear Cub Den staff if my child will not attend on a day that I have scheduled them to attend.

I understand that credits will not be given when a child is absent from the Bear Cub Den, arrives late, or is picked up early.

I understand that monthly schedules must be turned in by the due date each month.

We highly recommend making payments online through our Infinite Campus program. If you do not have this setup please contact the office to get information on how to get set up for this. I understand that if I present one non-sufficient fund check to the district, the district shall, for the remainder of the school year, request cash payment for tuition/school bills in lieu of payment by check. The district will charge a \$25.00 fee for any check returned due to insufficient funds. Checks should be made to: Barron Area School District- Bear Cub Den. Please include the child's name in the memo.

Parent/Guardian Signature _____ Date _____