



**Shorewood**  
SCHOOL DISTRICT

SHOREWOOD RECREATION & COMMUNITY SERVICES DEPARTMENT  
SCHOOL DISTRICT OF SHOREWOOD  
1701 E. Capitol Drive  
Shorewood, WI 53211  
(414) 963-6913 x4 Fax (414) 961-3175

**REDUCED PROGRAM FEES**

The Shorewood Recreation and Community Services Department recognizes that some of the residents of the Village of Shorewood may require financial assistance to participate in recreation programs.

Shorewood Public School Students and their Families

If your child attends Shorewood Public Schools and has qualified for Shorewood’s Nutritional Services Free and Reduced Meal Program, the student and their family members may receive the reduced pro-gram fees as listed below. Please indicate your participation in the Shorewood Nutritional Services Free and Reduced Meal Program on your registration form.

Village of Shorewood Residents

If you live in the Village of Shorewood, you may qualify for reduced program fees. Please complete a reduced program fee form and return the form to the Shorewood Recreation Department. The Recreation Department will notify you regarding your eligibility to receive the reduced program fees as listed below within two (2) business days after receiving your application. Upon approval of your request, payment will be required prior to participation in the program. Reduced program fees are not granted after the registration has been processed. The Shorewood Recreation Department reserves the right to deny participants request for reduced program fees.

Program fees may be reduced by the following:

Cost of Class	Discount on Program Fees
Up to \$10	Minimum payment \$5
\$10.01 to \$29.99	\$5 discount
\$30 and above	\$10 discount

Programs that do not qualify for a discount rate include vendor programs, field trips, co-op programs, and activity nights.

The Recreation Department does not want to exclude any Shorewood Public School student or a student that lives in Shorewood who may be unable to participate due to financial hardship. If a family is unable to pay the entire youth program fee, the parent/guardian should contact the Department in writing and arrangements may be made so that the youth is able to participate at a further reduced program fee. The Recreation Department does offer payment plan options.

The Shorewood School District does not discriminate on the basis of sex, race, color, national origin, religion, age, sexual orientation, creed, ancestry, pregnancy, marital or parental status, gender identity or expression, veteran status, physical, mental, emotional or learning disability, or any other legally protected status in its educational programs, activities, or employment with the District. The District also provides equal access to the Boy Scouts and other designated youth groups. The following designee handles inquiries regarding non-discrimination policies: Director of Human Resources, Title IX Coordinator and Compliance Officer, 1701 E. Capitol Drive, Shorewood, WI 53211, 414-961-2854, [humanresources@shorewood.k12.wi.us](mailto:humanresources@shorewood.k12.wi.us).



# SHOREWOOD RECREATION REDUCED FEE PROGRAM FORM

## Shorewood

SCHOOL DISTRICT

First/Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Address \_\_\_\_\_

Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: WI Zip: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Participant First Last Name	Date of Birth	Gender	Course #	Program Title	Program Fee
All Participants are requested to sign the following release. Parent or guardians must sign for minors. I/We the undersigned, do hereby agree to allow the above named to participate in the activity indicated. I am/We are aware of and understand that there may be potential risks inherent with participating in any recreational activities and that the School District of Shorewood and the Recreation and Community Services Department does not provide accident insurance. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the Shorewood Recreation and Community Services Department employees, staff, and other persons for any and all claims, injuries, liabilities, damage or right of action directly or indirectly arising out of use of Shorewood Recreation and Community Services Department activities. In the event of a medical emergency, I authorize the department staff to obtain medical treatment for the above named.					Total Fees
					Reduced Fee amount
					Total Amount

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE STATE THE AMOUNT OF DISCOUNT YOU ARE SEEKING AND YOUR REASON FOR REQUESTED FINANCIAL ASSISTANCE:**

Return this form to the Shorewood Recreation Department; 1701 E. Capitol Drive. FAX: (414) 961-3175. Any questions? Please call, (414) 963-6913 x4.

Denied: \_\_\_\_\_ Approved: \_\_\_\_\_ Date Processed: \_\_\_\_\_