



Wisconsin State Senators may sponsor Wisconsin students to take part in the **KIDS at the Capitol** program at the State Capitol. Kids, ages six through eleven, who desire to learn more about the Capitol and spend time learning about the legislative process are invited to apply. Our goal is to get kids excited about the legislative process and see it take place first hand.

The program will be offered throughout the session and the daily schedule will be developed based on the age and skill level of each participant.

A typical day would include:

- 9:00 Arrive for orientation with the Legislative Education and Outreach Officer
- 9:05 Tour the Capitol building
- 10:00 Visit Senator's office
- 10:15 Take part in age and grade level appropriate activities
- 11:30 End of the day

*The starting and endings time can be flexible, depending on the needs of the student

Application Requirements:

- 1) Completed Application
- 2) Signed consent forms

For more information, please contact:

Dr. Tammy Wehrle
Legislative Education and Outreach Officer
KIDS at the Capitol Program
State Capitol, PO Box 7882
Madison, WI 53707-7882
Tammy.wehrle@legis.wi.gov



Application

(Please print or type)

Name: _____

Date of Birth: _____ Age _____ Grade in School _____

Parent's Cell # () _____

Address: _____

City: _____ Wisconsin Zip: _____ County (Ex: Dane) _____

Parent Email Address: _____

School Name: _____ School Phone: () _____

Name of your State Senator: _____

What Senate District do you live in?* (Ex: 33 SD)* _____

You will be notified when you are chosen for the KIDS at the Capitol program.

SEND COMPLETED APPLICATION TO:

Dr. Tammy Wehrle
Legislative Education and Outreach Officer
KIDS at the Capitol Program
State Capitol, PO Box 7882
Madison, WI 53707-7882
Tammy.wehrle@legis.wi.gov



**WISCONSIN STATE SENATE KIDS AT THE CAPITOL PROGRAM
INDEMNIFICATION FORM**

I agree to indemnify and hold harmless the State of Wisconsin and its employees, officers, and agents for damages to person or property arising from applicant's participation in the KIDS at the Capitol Program.

Parent's/Guardian's Signature

Date

**WISCONSIN STATE SENATE KIDS AT THE CAPITOL PROGRAM
MEDICAL CONSENT FORM**

Medical Information

Applicant's Name: _____

Parent's/Guardian's Name: _____

Street Address: _____

City: _____, Wisconsin Zip _____

Daytime and/or Work Phone: () _____

Cell Phone: () _____

Is the applicant required to take any medications? Does the applicant have any pre-existing medical conditions we should be aware of? If so, please explain (attach second sheet if necessary):

Consent

If, in the judgement of any representative of the KIDS at the Capitol program, the applicant needs medical care and treatment as a result of any injury or sickness, I hereby request, authorize, and consent to such care and treatment being given to the applicant by or at the direction of any physician. I accept responsibility for medical charges which may be incurred on my child's behalf. I understand that I am responsible for any such charges that are not covered by insurance.

Parent's/Guardian's Signature



**WISCONSIN STATE SENATE KIDS AT THE CAPITOL PROGRAM
CONSENT TO USE PICTURE FORM**

The State Senate may use a kid's photograph in association with media, websites or communications pieces relating to the KIDS at the Capitol Program. By enrolling in the program, each kid consents to the use of his or her photograph for this purpose. By authorizing their son, daughter, or ward to enroll in the program, each parent or guardian consents to the use of the son's, daughter's, or ward's photograph for this purpose.

By signing below, I indicate that I have read and understand the above Code of Conduct and agree to abide by its terms to the extent that they apply to me.

Parent's/Guardian's Signature

Date

**WISCONSIN STATE SENATE KIDS AT THE CAPITOL PROGRAM
CONSENT FORM**

Name of school _____ Principal's name _____

I hereby approve this student to be considered for acceptance into the KIDS at the Capitol Program, and will grant this student an excused absence for participation in the program. (Applicable only if attendance in program is during school hours)

Principal's Signature

Date

If selected to participate in the Senate KIDS at the Capitol program, my daughter/son has my permission to attend.

Parent's/Guardian's Signature

Date