

WCPSS Before School Program Student Registration

School Year: _____

Student Start Date: _____

There is a \$15.00 registration fee per applicant. Please make check payable to the school. Put your child's name on the check.

Student ID (required) _____

Student First Name _____

Student Last Name _____

Name Student is to be called _____

Homeroom Teacher _____ Grade Level _____ Track _____

Date of Birth _____

Home Address:

Street _____

City _____

Zip _____

Primary Parent/Guardian First Name _____

Last Name _____

Address is the same as child: yes no

If different:

Street _____

City _____

Zip _____

Please include all applicable phone numbers, and check one for primary contact:

Home Phone (____) _____ - _____

Day Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Primary email to send receipts _____ @ _____

Place of employment _____

Secondary Parent/Guardian First Name _____

Last Name _____

Address is the same as child: yes no

If different:

Street _____

City _____

Zip _____

Please include all applicable phone numbers, and check one for secondary contact:

Home Phone (____) _____ - _____

Day Phone (____) _____ - _____

Cell Phone (____) _____ - _____

