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   ☐   (__ __ __) __ __ __ - __ __ __ __

Check those that apply:
- ☐ Monday-Friday Program

Daily Rate Program
- ☐ All Mondays
- ☐ All Tuesdays
- ☐ All Wednesdays
- ☐ All Thursdays
- ☐ All Fridays

Updated 2021

Secondary email _____@_____

In case of emergency, notify the following person(s) if parents/guardians cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Names of Individuals to Whom the Program Staff May Release the Child as Authorized by the Person Who Signs the Application:

_____   _____

_____   _____

Does your student have allergies or chronic illnesses? If yes, what are they?

_____

Does your student take medications and/or have a medical plan on file with the school? If yes, please explain.

_____

Please give any other information that you would like the Before School Program staff to know about your student (special interests, fears, behaviors, custody arrangements, etc.).

_____

_____

My signature indicates that I have received, read and understand the information outlined in:
- the *Before School Fee Schedule* and *Payment Schedule*
- the *Before School Parent Information*, and
- the *Behavior Management Procedures*

_____Date: _____
Parent/Legal Guardian Signature

Distribution: Original signed registration kept in program files; Copy of signed registration given to parent

Updated 2021