WCPSS After 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   _____

Check those that apply:
- ☐ Monday-Friday Program
- ☐ Early Release Only
- ☐ PLT Days-Staff Only

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

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

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 After 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 *After School Fee Schedule* and *Payment Schedule*
- the *After School Parent Information*, and
- the *Discipline and Behavior Management Policy*

_____Date: _____
Parent/Legal Guardian Signature

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

Updated 2015