

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 _____

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: <input type="checkbox"/> Monday-Friday Program Daily Rate Program <input type="checkbox"/> All Mondays <input type="checkbox"/> All Tuesdays <input type="checkbox"/> All Wednesdays <input type="checkbox"/> All Thursdays <input type="checkbox"/> All Fridays
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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 *After School Fee Schedule and Payment Schedule*
- the *After School Parent Information*, and
- the *Behavior Management Procedures*

Parent/Legal Guardian Signature Date: _____

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