

WCPSS After School Program Student Registration

School Year **2023-2024**

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 ☐ (____) _____ - _____

Secondary email _____@_____

Check those that apply:

☐ Monday-Friday \$117.36

Daily Rate Program

☐ All Mondays \$20.55

☐ All Tuesdays \$24.53

☐ All Wednesdays \$23.87

☐ All Thursdays \$24.53

☐ All Fridays \$23.87

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