

WCPSS Before and After School Programs After School Program Student Application

There is a \$15.00 registration fee per applicant. Please make check payable to the school.

School Name: _____

Student's Full Name: _____

Name the Child Is To Be Called: _____

Address: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Monthly Fee: _____

Grade: _____ Homeroom Teacher's Name: _____

Parents/Guardians: _____

Father's/Guardian's Place of Employment: _____

Phone: _____

Mother's/Guardian's Place of Employment: _____

Phone: _____

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:

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Hospital Preference: first choice _____ second choice _____

After School Program Student Application continued...

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

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.).

In case of emergency, I authorize the After-School Program staff to obtain medical attention for my student in the event that I cannot be contacted immediately.

My signature indicates that I have read and understand the procedures for the After-School Program.

Parent Signature

Date: _____