

## **WCPSS Before and After School Programs Before School Program Student Application**

There is a \$10.00 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 \_\_\_\_\_

**Before School Program Student Application continued...**

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

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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.).

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In case of emergency, I authorize the Before 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: \_\_\_\_\_