

WCPSS Before and After School Programs After School Program Student Application

School year _____

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: _____

Cell Phone: _____ Student ID Number: _____

Monthly Fee: _____ Track# _____

Grade: _____ Homeroom Teacher's Name: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Email Address: _____

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: _____

Check those that apply:

- Monday-Friday Program
- Early Release Only Program
- PLT Days-Staff Only

Daily Rate Program

- All Mondays
- All Tuesdays
- All Wednesdays
- All Thursdays
- All Fridays

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 _____

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.).

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: _____