

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

- Check those that apply:
 Monday-Friday Program
 PLT Days-Staff Only

- Daily Rate Program**
 All Mondays
 All Tuesdays
 All Wednesdays
 All Thursdays
 All Fridays

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: _____

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 Before School Program staff to know about your student (special interests, fears, behaviors, custody arrangements, etc.).

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 Before-School Program.

Parent Signature Date: _____