WCPSS Before School Program
Student Registration

School Year:_____
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   _____

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Please include all applicable phone numbers, and check one for secondary contact:

      Home Phone ☐   (__ __ __) ___ ___ ___ - ___ ___ ___ ___

      Day Phone   ☐   (__ __ __) ___ ___ ___ - ___ ___ ___ ___

      Cell Phone   ☐   (__ __ __) ___ ___ ___ - ___ ___ ___ ___

Secondary email _____@_____

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 Before 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 *Before School Fee Schedule* and *Payment Schedule*
- the *Before School Parent Information*, and
- the *Behavior Management Procedures*

_____   Date: _____

Parent/Legal Guardian Signature

Distribution: Original signed registration kept in program files; Copy of signed registration given to parent

Updated 2021