

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

There is a \$15.00 registration fee per applicant per program.
Please make check payable to the school.
(i.e. \$15.00 for just one program \$30.00 for both)

School Name: _____
Student's Full Name: _____
Student's WCPSS ID No: _____

Check those that apply:

- Before Care Only**
- After Care Only**
- Before and After Care**
- Early Release Only**
***Full Time After Care**
Students are covered on
Early Release Days

Daily Rate Program

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

Name the Child Is To Be Called: _____

Address: _____

Date of Birth: _____ Age: _____

Home Phone: _____

Cell Phone: _____

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 and/or After-School Program staff to know about your student (special interests, fears, behaviors, custody arrangements, etc.).

In case of emergency, I authorize the Before and/or 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 Before and/or After-School Program.

_____ Date: _____

Parent Signature