WESLEYAN CHRISTIAN ACADEMY

After School Program Application | 2019-2020

The **After School Program** is provided as an **optional service for students enrolled in Kindergarten - 6th-Grade** for an additional fee. To enroll your child, please complete this application and **return it to the main academy office, ATTN: Amy McNeill or email it to amcneill@wcatrojans.org.**

AFTER SCHOOL OPTIONS & COSTS: Please check one of the following available options. The program you select is for the ENTIRE year. ***Changes can be made on a quarterly basis only*** unless approved by the administration.

◯ Early Morning Care	Mon-Fri - 6:30 am - 8:00 am	No Charge
◯ One-Hour Weekly Care	Mon-Fri - 2:30 pm - 3:30 pm	$25.00 per week
◯ Weekly Care	Mon-Fri - 2:30 pm - 6:00 pm	$65.00 per week
◯ Daily Care	As Needed	$20 per day

STUDENT / FAMILY INFORMATION:

Student's Name: _____ _____
(FIRST) (MIDDLE) (LAST) (GRADE)

Date of Birth: _____ Gender: ◯ M ◯ F Siblings Enrolled at WCA? _____ _____
(GRADE)

Father's Name: _____
(FIRST) (MIDDLE) (LAST)

Telephone: _____
(HOME) (WORK) (CELL)

Mother's Name: _____
(FIRST) (MIDDLE) (LAST)

Telephone: _____
(HOME) (WORK) (CELL)

Custodial Rights: Who has custody of the child?* ◯ Both Parents ◯ Mom ◯ Dad ◯ Other: _____
(NAME)

Medical Information: Does the child have any medical conditions? (Allergies, asthma, etc.) ◯ Yes ◯ No

If yes, please describe: _____

Student's Doctor: _____
(NAME) (ADDRESS) (PHONE)

Student's Dentist: _____
(NAME) (ADDRESS) (PHONE)

PICK-UP PERMISSIONS:

Name: _____
(FIRST) (MIDDLE) (LAST) (RELATIONSHIP TO CHILD)

Telephone: _____
(HOME) (WORK) (CELL)

Name: _____
(FIRST) (MIDDLE) (LAST) (RELATIONSHIP TO CHILD)

Telephone: _____
(HOME) (WORK) (CELL)

Name: _____
(FIRST) (MIDDLE) (LAST) (RELATIONSHIP TO CHILD)

Telephone: _____
(HOME) (WORK) (CELL)

I agree that the Director or his/her designee may authorize the physician of his/her choice to provide emergency care in the event that neither I, nor the family physician can be contacted immediately.

PARENT SIGNATURE: _____ **DATE:** _____