

**Forest Pines Drive Elementary
WCPSS Before School Program
Student Registration**

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BSC Coordinator
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School Year: _____
Student Start Date: _____

Check those that apply:
——**Monday-Friday Program**
Daily Rate Program
All Mondays
All Tuesdays
All Wednesdays
All Thursdays
All Fridays

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 _____

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 _____

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: _____

Names of Individuals to Whom the Program Staff May Release the Child as Authorized by the Person Who Signs the Application:

#1 _____ #2 _____

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*

Parent/Legal Guardian Signature

Date: _____

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