

Wright City R-II School District After School Registration Form

I understand that I am enrolling my child, _____ for the current school year.

Child's Name

School: East Elementary _____ Homeroom Teacher: _____

 West Elementary _____ Homeroom Teacher: _____

Registration Fee: \$25.00 (Per Enrollment or Re-enrollment) Paid _____

1. I understand that the after school program is open according to the official school calendar of the Wright City R-II Schools, and is closed during vacations and inclement weather days.
2. I understand that I am responsible for payment of fees on a weekly basis which are due each Friday. If payment is 2 weeks past due your child/children WILL BE DISMISSED FROM THE PROGRAM UNLESS ACCOUNT IS PAID IN FULL.
3. I understand that I am responsible for signing my child/children out each time my child/children attends the program.
4. I will update my child's/children's information as outlined in the parent handbook. I will notify the After School Staff if someone other than the persons listed on the enrollment form is to pick up my child/children. The person picking up the child/children will need to provide ID when signing the child/children out of the facility.
5. Parents must notify the school office and the After School Program Staff by 2:00 pm either by phone or by signed note of any daily changes in the child's/children's after school schedule.
6. If a medical emergency arises, the After School Staff will first attempt to contact me. If I can't be reached, the staff will contact emergency persons listed on the enrollment form or contact child's doctor. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child/children to the hospital.
7. I agree to have my child/children abide by the discipline rules outlined in the parent handbook. Action will be taken to those who do not follow the rules.
8. The After School Program closes at 6:00 pm PROMPTLY. If you cannot be here by that time, please make other arrangements for someone to pick up your child/children. A \$1.00 per minute charge will be added to your account for every minute after 6:00 pm.

******I AGREE TO ADHERE TO THE STATED POLICIES AND PROCEDURES OF THE AFTER SCHOOL PROGRAM AS STATED HERE AND IN THE PARENT HANDBOOK AND GIVE MY CHILD/CHILDREN PERMISSIONS TO PARTICIPATE FULLY IN THIS PROGRAM******

AFTER SCHOOL PROGRAM ENROLLMENT FORM

CHILD'S NAME _____ AGE _____

SCHOOL ATTENDING _____ GRADE _____ TEACHER _____

CHILD'S ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

MOTHER'S NAME _____ HOME PHONE # _____

MOTHER'S ADDRESS _____ CELL PHONE # _____

MOTHER'S EMPLOYER _____ WORK PHONE # _____

FATHER'S NAME _____ HOME PHONE # _____

FATHER'S ADDRESS _____ CELL PHONE # _____

FATHER'S EMPLOYER _____ WORK PHONE # _____

1ST EMERGENCY CONTACT PERSON AND PHONE # _____

2ND EMERGENCY CONTACT PERSON AND PHONE # _____

PERSONS ALLOWED TO PICK UP YOUR CHILD/CHILDREN OTHER THAN LISTED ABOVE: _____

DOES YOUR CHILD HAVE ANY CONDITIONS, MEDICATIONS OR ALLERGIES THAT WE NEED TO BE AWARE OF? IF SO, PLEASE DESCRIBE: _____

IN CASE IMMEDIATE MEDICAL CARE IS NEEDED, DO YOU HAVE A DOCTOR OR HOSPITAL PREFERENCE? HOSPITAL/DOCTOR _____ PHONE # _____

PARENT/GUARDIAN SIGNATURE

DATE

**** THIS ALSO SERVES AS AN ENROLLMENT AGREEMENT THAT YOU AGREE TO PAY FOR SERVICES PROVIDED BY THE WRIGHT CITY R-II AFTER SCHOOL PROGRAM ****