



Registration Form for WCS Aftercare Program

Please complete the form below to register your child/ren for the after school care program and return with the \$10.00 registration fee to: WCS Aftercare c/o Sarah Bowler.

Parent(s)' name(s): _____

Emergency Contact Numbers: _____

1. **Student name:** _____ **Grade:** _____

Anticipated days needed: Monday Tuesday Wednesday Thursday Friday
Anticipated pick up time: _____

Does your child have any medical conditions or allergies that we should be aware of?

2. **Student name:** _____ **Grade:** _____

Anticipated days needed: Monday Tuesday Wednesday Thursday Friday
Anticipated pick up time: _____

Does your child have any medical conditions or allergies that we should be aware of?

3. **Student name:** _____ **Grade:** _____

Anticipated days needed: Monday Tuesday Wednesday Thursday Friday
Anticipated pick up time: _____

Does your child have any medical conditions or allergies that we should be aware of?

Others authorized to pick up your child/ren from aftercare:

Acknowledgment of program guidelines: I hereby acknowledge that I have read, discussed with my child/ren and agree with the guidelines set in place for the Aftercare Program:

Signature _____ Date _____

Questions? Please contact Sarah Bowler (sbowler@whitinsvillechristian.org) or call 508-372-3280.