Wellington 21st Century After School Program (WASP) 2014/2015 ENROLLMENT FORM-Middle School Zone

USD 353—WASP + 605 North A Street + Wellington, KS 67152 + (620) 326-4320

Program Days: Monday through Friday The Zone (MS After School Program) 3:15 pm to 5:15 pm

\$30.00 Membership Fee to accompany enrollment form.

Date	Grade				
Student Information:					
Name		Last			
Address					
Home Phone:	(City, State, Zip Code) Home Cell Phone:				
Date of Birth		<u>Gender</u> : □ Male □ Female <u>Foster Care</u> : □ Yes □ No			
Race: □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White		 ☐ Hispanic/Latino ☐ Not Hispanic/Latino 			
Parent/Guardian Names					
Main Contact name and phone # during Program ho	urs 3:15—5:15 pm _				
Please indicate days of attendance: Monday—Fr	iday OR 🗆 Me	on 🗆 Tues 🗆 Wed 🗖 Thurs 🗖 Fri			
Health Conditions: Please list any allergies (food, drug, seasonal, etc.) th Please list any medical conditions your child may have		.ve:			
Please list any medications that need to be administer	red during program h	nours of 3:15 to 5:15 pm:			
Please attach a physician's written order for any medication	ons that need to be adm	ninistered during program hours.			
Name & Office Phone Number of your child's physic	cian:				
Authorizations:					
□Yes □No I hereby consent that photographs or School Programs for new articles, audio-visual produ					
□Yes □No I hereby consent that my child may at School Program. Transportation will be via school v emergencies. I understand that information will be g individual activity basis.	ehicle or walking-r	no personal vehicles will be used except in extrem			
□Yes □No I hereby give permission for my child □ home □my work place □ Oth	to walk from the At	fter School Program atpm to:			
Daily Only when I authorize	Name ar	nd Address			
Legal Parent/Guardian Signature Please fill out the back!		Date			

Parent/Guardian Information for:

Please list each child you are enrolling in the Middle School After School Program

Father/Guardian Name:	
Street Address:	City, State, Zip
Home Phone:	
Employer:	
Home email:	
Work email:	
Please send emails regarding special notices of	<i>f school/program closings, special events, etc., to my:</i> □ Home email □ Work email Custodial Parent/Guardian □Yes □No
Mother/Guardian Name:	
Street Address:	City, State, Zip
Home Phone:	Cell Phone:
Employer:	Work Phone:
Employer: Home email:	Work Phone:
Employer:	Work Phone:

Providing a "special interest" activity such as ______

□ Providing supervision on a field trip or outing

□ Providing snacks one evening

□ Volunteering to assist with homework or reading with students:

□ Once a month □Once a quarter □Once during the school year Please specify day of week you'd prefer_____

Transportation

All students must be picked up (if not authorized to walk) by 5:15 pm.

Emergency Contact and Child Release Information:

Please list below the people you authorize to pick up your child from the After School Program. Also, specify the people you authorize as an Emergency Contact — those you trust to pick up and care for your child during an emergency situation, if we are unable to reach you.

Name	Relationship to Student	Phone #	Authorized Emergency Contact
	-		□ Yes □ No
			🗆 Yes 🗖 No
			🗆 Yes 🗖 No
			□ Yes □ No
			□ Yes □ No

Parent Handbook Agreement:

This certifies that I have read the Middle School Program Handbook and fully understand the policies stated therein.

Signature of Parent/Guardian

Date