



# Weddington Christian Academy

## *Afterschool Registration*

### 2019-2020

*Challenge, Prepare, Nurture*

Registration Date: \_\_\_\_\_

*Please complete this form entirely and submit to WCA with your registration fee as follows:*

**\$60 for first student, \$30 for additional siblings.**

**Afterschool ends at 5:30 pm each day.**

Circle days of week your child will attend:

Monday

Tuesday

Wednesday

Thursday

Friday

#### GENERAL INFORMATION

Student's Name

Birth Date

Grade/Teacher

Address

City/State/Zip Code

Home Phone

Father's Cell Phone

Mother's Cell Phone

#### ADDITIONAL INFORMATION

Any medical/allergies/learning issues?

Child's Physician Name

Child's Physician Phone Number

Father's Name

Mother's Name

Does child reside with both parents?                      YES                      NO

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If not, give necessary details.

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Father's Place of Employment

Phone Number

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Mother's Place of Employment

Phone Number

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Email Address

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Emergency Contact

Besides parents, please list persons who are authorized to pick up your child. Be aware that we may ask for I.D. in the interest of safety for our students:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I allow WCA to call 911 and give permission for my child to be taken to the nearest hospital in case of emergency.

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Parent's Printed Name(s)

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Parent's Signature

Date