



Weddington Christian Academy

Afterschool Registration

Challenge, Prepare, Nurture

School year: _____

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 6:00 pm each day.**

Circle the days of the week your child will attend or if you'll be using on a drop in basis when needed:

Monday

Tuesday

Wednesday

Thursday

Friday

Drop In

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 challenges?

Child's Physician Name

Child's Physician Phone Number

Father's Name

Mother's Name

In case of emergency, who is the primary contact?

Father's Place of Employment

Phone Number

Mother's Place of Employment

Phone Number

Email Address

Emergency Contact if parent(s) can't be reached

Relationship

Phone Number

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 afterschool staff to call 911 and give permission for my child to be taken to the nearest hospital in case of emergency.

Parent's Printed Name(s)

Parent's Signature

Date