



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:

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

If not, give necessary details

Father's Place of Employment

Phone Number

Mother's Place of Employment

Phone Number

Email Address

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.

Parent's Printed Name(s)

Parent's Signature

Date