

Registration Form☐ New Registration ☐ Renewal

School Year 20____ TO 20____

Child's name: _____ Date of Birth: _____ M/F: _____

Address: _____ Zip Code: _____ Home Phone: _____

School _____ Grade _____

Parent/Guardian Name _____ Phone Number _____

Parent/Guardian Name _____ Phone Number _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					
Drop in:	AM _____	PM _____			

My child has:

- ☐ A Medical Condition: _____
- ☐ No Known Medical Conditions

If you check that your child has a medical condition please fill out the necessary forms that pertain to your children's condition, have them signed by your child's physician and return to the Wey Care Program. The necessary forms are available at your sites.

I give permission for the school nurse and the Wey Care staff to share necessary medical information. Any information shared between the nurse and the Wey Care staff may also be shared with the school personnel.

* Mandatory Parent/Guardian Signature_____
Date

I give my permission for my child to:

- ☐ For my child to be photographed, individually and with the group during the Wey Care Program activities. These photographs may be sent to the newspaper and/or posted to the web to share with the community

Parent/Guardian Signature_____
Date**STAFF USE ONLY:**

Registration Fee Paid: _____

Check# _____ Date _____