

**Registration for WE Care Extend Day Program
2011-2012**

Student's Full Name _____ Birthday _____

Sex _____ Race _____ Teacher's name and Grade _____

Address _____
Street City State Zip

Father's Name _____ Phone # _____

Employer _____ Phone# _____

Mother's Name _____ Phone # _____

Employer _____ Phone# _____

Legal Guardian _____ Phone # _____

Employer _____ Phone# _____

The following people have permission to pick up my child from the We Care. **No other person should be allowed to pick them up without notifying the director of the program.**

1. _____ Phone# _____ Relationship _____

2. _____ Phone# _____ Relationship _____

3. _____ Phone# _____ Relationship _____

4. _____ Phone# _____ Relationship _____

Please mark one: Please remember Fees are paid even if your child does not attend for any reasons.

_____ I will be enrolling my child Full-Time (3 or more days a week)

_____ I will be enrolling my child half time (1 or 2 days a week)

__Monday __ Tuesday __ Wednesday __ Thursday __ Friday

Medical Information

Student's name _____

Please list any allergies (FOOD, INSECTS, GRASS, POLLEN, ETC)

List any medical conditions and the instructions to be followed should the condition present during the after school program hours (asthma, diabetes, etc)

In CASE OF ILLNESS OR ANY EMERGENCY (please list the names and telephone numbers of two people and their relationship (Grandpa, friend, etc) that we may contact in case we can not reach the parent or legal guardian.

1. _____ Phone# _____ Relationship _____

2. _____ Phone# _____ Relationship _____

Please read and sign the following statement:

In the case of an emergency such as an accident or serious illness, I understand that the school shall attempt to contact me. If I cannot be reached, I authorize the school to contact the doctor listed on this form and follow the doctor's directions. If the doctor cannot be reached, I authorize the school to take whatever steps seem necessary.

Parent /Guardian

Date

School Insurance: You have a choice to purchase school insurance that covers your child during the after school program: United Healthcare Student. You can check out the website at www.k12studentinsurance.com

If parents **do not** wish to take this coverage, the waiver below must be signed indicating this choice.

_____ I do not wish to purchase student school insurance for my child.

My insurance company _____ covers my child beyond the school day.

Parent Signature _____ Date _____