

**WPA Ready Groups
Before & After School Learning Program
2019-2020
Scholar Registration Information**

Please read through ALL documents completely before signing.

Select one:

Before School Only Before & After School After School Only Grade: ____
Registration Fee per student-Must be submitted with application: \$25

*****Note- Scholars in the After-School Program must be enrolled in the Monday
Enrichment Program.***

Scholar Information

First: _____ Middle: _____ Last: _____
Address: _____
City: _____ State: NC Zip Code: _____
Home:(_____) _____ Grade: _____ Date of Birth: ____/____/____

Parent/Guardian Information

MOM

First Name: _____ Last Name: _____
Cell:(_____) _____ Do you accept texts: YES NO
Work:(_____) _____ Employer: _____
Email: _____

DAD

First Name: _____ Last Name: _____
Cell:(_____) _____ Do you accept texts: YES NO
Work:(_____) _____ Employer: _____
Email: _____

Emergency Contact

Relationship to scholar: _____
First Name: _____ Last Name: _____
Cell:(_____) _____ Work:(_____) _____

Scholar Name

First: _____ Middle: _____ Last: _____

Release Permission

I give the following individuals permission to pick up my child:
(A picture ID must be presented at the time of pick up.)

Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Inclement Weather and/or Closing of the School Information/Permission

Should the school close early due to inclement weather or any other reason, the following plan should be used for my child:

_____ I will pick up my child

_____ One of the people listed under Release Permission will pick up my child

_____ Other Plan (explain): _____

I understand that I am giving permission for someone other than a parent/guardian to pick up my child. I have indicated the plan to use in case of inclement weather or any other reason the school may have to close early.

Parent/Legal Guardian (Please Print)

Parent/Legal Guardian (Signature)

____/____/____
Date

Cost and Payment Plan

Scholar Name

First: _____ Middle: _____ Last: _____

Select One:

Before School Only

Before & After School

After School Only

*Note: Scholars MUST be walked to the Before School program and the PARENT MUST sign them in each day. Parents also need to walk in and sign the scholar out from the After-School program, even if they are picked up during the normal school pick up times.

Before School

6:30 a.m. to 7:40a.m.

Scholars may be dropped from 6:30 a.m. to 7:40 a.m. The cost is \$35 per week for the first child and \$17.50 per week for each child thereafter.

After School

3:00 p.m. to 6:00 p.m.

Scholars will transition to After School at the time of dismissal from WPA. The cost is \$60 per week for the first child and \$30 per week for each child thereafter.

Before & After School

The cost is \$80 per week for the first child and \$40 per week for each child thereafter.

Registration

A registration fee of \$25 is due per child with the application.

Payment

Payment is due on Monday of each week by 6 p.m. A late fee of \$5 per day will be applied if not paid by Monday. Payments may be made by checks or money orders made out to WPA Ready Groups.

Payment is due for each program the child is registered for, regardless of how many days they attended except when the holiday/inclement weather plan is applicable.

If WPA is closed two or more subsequent days a week (holidays, inclement weather, etc.) the following payment schedule applies for each day the program is operating:

Before School-\$7 per day per scholar; \$3.50 for each child thereafter.

After School-\$12 per day per scholar; \$6.00 for each child thereafter.

Before & After School-\$16 per day per scholar; \$8.00 for each child thereafter.

Student Name

First: _____ Middle: _____ Last: _____

To add/drop a program that your scholar is currently participating in, a Change of Status Form must be submitted before pay structure will change. Changes will not be retroactive for care already given.

Late Pick Up Fees

A \$10 late pick-up fee per child is charged for every 10 minutes a child remains after 6p.m.

The first time a child is picked up between 6:01 and 6:05., the fee is waived. Anytime thereafter that the scholar is picked up late the following fee schedule applies per occurrence:

6:01p.m.-6:10 p.m., \$10 per child

6:11p.m.-6:20 p.m., \$20 per child

6:21p.m.-6:30 p.m., \$30 per child

6:31p.m.-6:45 p.m., \$50 per child

Outstanding Balances

Accounts that are more than two weeks outstanding will result in the student not being permitted to attend the programs until the balance is paid in full.

I have read and understand the WPA Ready Groups Cost & payment Plan Agreement and agree to abide by the agreement.

Parent/Legal Guardian (Please print)

Parent/Legal Guardian (Signature)

____/____/____
Date

Medical Information

Scholar Name

First: _____ Middle: _____ Last: _____

Insurance Information

Insurance Carrier: _____

Policy # _____ Primary Insured: _____

Scholars Medical History (Completed by Parent/Guardian)

Is your child allergic to anything? Yes No

If yes, what? _____

Does this allergy require an EpiPen? Yes No

Is your child currently under a doctor's care? Yes No

If yes, for what reason(s): _____

Has your child previously been hospitalized or had an operation? Yes No

If yes, for what? _____

Is your child on any medication? Yes No If yes, please complete Medication Information Section.

Does your child have a history of significant diseases or recurrent illness? Yes No

If yes, for what? _____

Does your child have diabetes? Yes No If yes, Type 1 or Type 2

Convulsions? Yes No

Heart Trouble? Yes No

Asthma? Yes No

Any other illnesses/diseases not listed: _____

Does your child wear glasses, contacts, or dental appliances? Yes No

If yes, explain: _____

Scholar Name

First: _____ Middle: _____ Last: _____

Does your child have any physical disabilities? Yes No

If yes, explain: _____

Does your child have any mental disabilities? Yes No

If yes, explain: _____

Scholar Name

First: _____ Middle: _____ Last: _____

Medication Information

Medication Name						
Dosage						
Frequency						
Time medication is given and under what circumstances						
Purpose of medication given/Diagnosis						
Expected side effect(s)						

Emergency Permission

I agree that WPA Ready Groups may authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately.

Parent/Legal Guardian (Please print)

Parent/Legal Guardian (Please print)

____/____/____
Date

WPA Ready Groups agrees to provide/arrange transportation to an appropriate medical resource in the event of any emergency. No medical treatment will be administered without specific instructions from the physician/emergency health care responder or child's parent or legal guardian.

WPA Ready Groups (Please print)

Parent/Legal Guardian (Please print)

____/____/____
Date

