

|                               |  |
|-------------------------------|--|
| cc: After School Coordinator: |  |
| Beverly Spatafora:            |  |

|              |          |
|--------------|----------|
|              | Check #: |
|              | Cash     |
| Received by: |          |

## WESTON CHRISTIAN ACADEMY

### After School Activity Registration

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size: Youth: SM MED LRG XL Adult: SM MED LRG XL

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Which is the best way to reach you and keep you informed regarding your child's progress and/or any class information we consider important for you to receive?    Mail        Email        Phone

In order to ensure the safety of the students, only the names you list below will be given permission to remove a student from the After School Activity. If a situation should occur that someone other than these people will be picking up your child, notify the Administration Office before 4:00 PM.

List Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

List Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

List Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Extended Care:    Y or N    Any student who is not picked up at the end of class will be placed in the WCA Extended Care program incurring a drop-in charge of \$25 payable to the school for children who are not currently enrolled. NO EXCEPTIONS.

Please list any medical concerns or allergies we should be aware of:

Emergency Contact Person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read and sign:** I am enrolling my child in an After School Activity. He/she is in good health and I know of no physical or mental conditions that would endanger his/her own well-being or that of any other student. I hereby waive any and all claims for any physical injury in connection with Weston Christian Academy, the program instructors or directors and/or First Baptist Church at Weston. I understand that my child is expected to behave in a manner that is not detrimental to any other student's health or learning, and if behavioral issues become a problem, I will be notified. If they continue I will be asked to withdraw my child from the After School Activity.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please place an X in the spot for the quarter and class you are registering for.

|   | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|-----------|-----------|-----------|-----------|
| Bright & Smart Robotics                         |           |           |           |           |
| Cookin' Kidz                                    |           |           |           |           |
| Cake Decorating                                 |           |           |           |           |
| Chinese/Mandarin                                |           |           |           |           |
| Dance (K5 - 2 <sup>nd</sup> )                   |           |           |           |           |
| Dance (3 <sup>rd</sup> - 5 <sup>th</sup> )      |           |           |           |           |
| Mind Lab (2 <sup>nd</sup> - 5 <sup>th</sup> )   |           |           |           |           |
| Volleyball (4 <sup>th</sup> - 7 <sup>th</sup> ) |           |           |           |           |
| Basketball (2 <sup>nd</sup> - 8 <sup>th</sup> ) |           |           |           |           |
| Guitar(5 <sup>th</sup> - 8 <sup>th</sup> )      |           |           |           |           |
| Playball K4-1st                                 |           |           |           |           |
| Playball 2nd-5th                                |           |           |           |           |