School Staff Use:

- Registration Fee Check #: _____
- Registration Fee Receipt #: _____
- Insurance Verification: Yes No

Please mark the enrollment dates that apply to your child:	
	Every day (Monday - Friday)
	All Mondays
	All Tuesdays
	All Wednesday
	All Thursdays
	All Fridays

WCPSS After School Program
Farmington Woods Student Registration

2025-2026 School Year

Student Start Date: August 25,2025

There is a $15.00 registration fee per applicant. Please make checks payable to FWES & place your child's name in the memo line.

Student ID (required) _____ Homeroom Teacher: _____
Student First Name _____ Student Last Name: _____
Student Preferred Name _____
Student Date of Birth: _____ Student's Grade Level: _____

*Has your child previously been enrolled in the FWES after-school program? Yes No

Student Home Address:
Street: _____
City/Zip: _____

Primary Parent/Guardian Name: _____
Address is the same as child: Yes No (If different, please indicate address below)

Street: _____
City/Zip: _____

Place of Employment: _____

Please include all applicable phone numbers, and check primary contact preference

Cell Phone (_____) _____
Day Phone (_____) _____
Home Phone (_____) _____

Primary email address (Used for program communication, including payment receipts)

_____

Secondary Parent/Guardian Name: _____

Address is the same as child: ☐ Yes ☐ No (If different, please indicate address below)

Street: _____
City/Zip: _____

Please include applicable phone numbers & check the primary contact preference for the **secondary contact preference**.

Cell Phone ☐ (_____) _____
Day Phone ☐ (_____) _____
Home Phone ☐ (_____) _____

Secondary Parent Email Address: _____

In case of emergency, notify the following person(s) if parents/guardians cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Names of Individuals to Whom Program Staff May Release Child(ren) as Authorized by Applicant:

_____ _____

_____ _____

Does your student have allergies or chronic illnesses? ☐ Yes ☐ No (If yes, please explain)

_____

Does your student take medications and have a medical plan on file? ☐ Yes ☐ No (If yes, please explain)

_____

Please give any other information you want the After School Program staff to know about your student (special interests, fears, behaviors, custody arrangements, etc.).

_____

_____

**Inclement Weather Plan: If WCPSS closes early due to inclement weather, the After School Program WILL NOT operate. Please let us know how your child should be dismissed if school closes early. Please save your copy to be reminded on what dismissal procedure you chose.

_____ Carpool I will sign up to get an FWES Carpool Tag.

_____ Bus Rider My child is registered as a bus rider for the 2025-26 school year.

_____ Walker My child should be dismissed with the walkers. I will be waiting for my child on the front sidewalk minutes before the announced dismissal time based on the closing of school For example, if schools dismiss 2 hours early- dismissal would be at 1:45pm and Walkers would be dismissed at 1:40pm and the parent would need to on the sidewalk by 1:40pm to meet the student..

My signature indicates that I have received, read and understand the information outlined in:

- the *After School Fee Schedule* and *Payment Schedule*
- the *After School Parent Information*, and
- the *Behavior Management Procedures*

_____ Date: _____

Parent/Legal Guardian Signature