

WS/FCS Summer Enrichment Program

2-6 REGISTRATION FORM

Student Name _____
(Last) (First)

Street Address _____ City _____ Zip Code _____

Circle Current Grade: 2 3 4 5 6 **Current School** _____

Parent/Guardian: _____ Home Phone _____

Cell Phone _____ Work Phone _____ E-mail Address _____

Daytime Emergency Contact _____ Phone Number _____

Sibling(s) attending program _____ Grade _____
_____ Grade _____

*T-Shirt Size _____ We will order **child** sizes. Please indicate if you need an adult size.

Check desired program:

- FULL DAY (5 classes plus lunchtime): 9:00 - 3:00 (\$525.00)
- HALF DAY (3 classes plus lunchtime): 9:00 - 1:00 (\$375.00)
- BEFORE CARE: 7:30 - 9:00 five weeks (\$125.00)
- AFTER CARE: 3:00 - 5:45 five weeks (\$160.00)
- BEFORE and AFTER CARE: five weeks (\$260.00)

Families with **three siblings** enrolled in the SE Whitaker Program may deduct \$100.00 from the third child's tuition.

PROGRAM/BEFORE CARE/AFTER CARE TOTAL: \$ _____

PAYMENT OPTIONS: You may mail the full amount with your registration form or pay in three installments in February, March and April.

No refunds after April 15

Your Child will be enrolled after we receive the first payment.
(Payment Schedule is posted on our Web Site under Program Costs)

CLASS SCHEDULE, TUITION RECEIPT AND FIRST DAY INFORMATION WILL BE MAILED by June 1.
TUITION AND CHILD CARE MUST BE PAID IN FULL by the end of April.

Make checks payable to WS/FCS Summer Enrichment Program.
Child's first name, last name, and current grade must be on the check (MEMO)

Please mail registration and attached medical form to
WS/FCS Summer Enrichment Program
c/o Andrew Craft
4801 Bethania Station Rd
Winston-Salem, NC 27105

COURSE SELECTIONS

Student Name _____

Current Grade _____

FULL DAY - Five will be scheduled.

HALF-DAY- Three will be scheduled.

Please rank them in order of preference at least 10 choices

COURSE #

COURSE NAME

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____

Classes with enrollment of less than 15 children may be cancelled; sometimes schedule conflicts occur and may influence the class selection for your child so we need as many choices as possible with a minimum of 10.

Please mail registration and attached medical form mail to:

**WS/FCS Summer Enrichment Program
c/o Andrew Craft
4801 Bethania Station Rd
Winston-Salem, NC 27105**

Winston-Salem / Forsyth County Schools

SUMMER ENRICHMENT

Medical Release Form

Student's Name _____

(last) (first) (middle)

Student's Address _____

City _____ State _____ Zip _____

Student's Date of Birth _____ Age _____

Father's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

If parents are not legal guardians, guardian's name and address:

INSURANCE / EMERGENCY INFORMATION

Under whose insurance is the student covered? (please circle)

Father Mother Both School

Name of Insurance Company _____ Policy Number _____

Agent's Name _____ Agent's Address _____

List one contact to notify in an emergency if parent/guardian cannot be reached:

Name _____ Phone _____ Relation to Student _____

Please provide the following information or circle all that apply:

Allergies

Food _____

Date of last Tetanus Shot _____

Medication: Penicillin _____ Sulfa _____

Other _____

Conditions (Circle all that apply)

Table with 4 columns: Epilepsy, Rheumatic Fever, Asthma, Dizziness/Fainting; Eyes, Ears, Nose, Throat; Hay Fever, Diabetes, Stomach, Heart Palpitation; Jaundice/Hepatitis, Kidney/Urinary Problems, Depression/Behavior, Knees/Legs/Walking

Other Conditions /

Special Notes Concerning Conditions:

Does student take medication on a regular basis? Y or N If yes, list medication and dosage _____

Family Physician _____ Office Address _____

Office Phone _____

As parent/guardian of the above named child, I hereby give permission to the supervising teacher or WS/FCS representative to request usual and customary medical/safety services for my son/daughter if needed. It is understood that I will be responsible for all costs not covered by my insurance.

Signature of Parent/Guardian _____ Date _____