

# WS/FCS Summer Enrichment Program

## K-1 REGISTRATION FORM

Student Name \_\_\_\_\_  
(Last) (First)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Circle Current Grade:            K            1            **Current School** \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Daytime Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Sibling(s) attending program \_\_\_\_\_ Grade \_\_\_\_\_

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

Are there any services your child receives from the School system \_\_\_\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

### 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. Tuition and childcare must be paid in full by April 15<sup>th</sup>. 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.**

**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**

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)

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 \_\_\_\_\_