



# Wright Care Registration Form PART 1

Wright Care is a creative extended-day program for E. L. Wright Students. Please refer to the Wright Care Information Brochure available in the E. L. Wright Administration Office and Guidance Department.

<b>FOR OFFICE USE ONLY:</b> Registration Fee \$35.00	PAID: Yes No	DATE: _____	SIGNATURE: _____
--	--------------	-------------	------------------

*Please print all information.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room # \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER ADULTS (OVER 18 YEARS OF AGE) AUTHORIZED TO SIGN OUT YOUR CHILD:**

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

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

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

**REGISTRATION FEE:** A non-refundable, one time **REGISTRATION FEE** of \$35.00 per child is due at the time of registration. A separate **Registration Form** must be completed for each child.

**TUITION FEES:**

<b>FULL TIME</b> , Monday - Friday (2:30 p.m. - 6:00 p.m.) (Due on Monday of each week)	_____ 1 Child	\$60.00 weekly
	_____ 2 Children	\$50.00 weekly (per child, same family)
	_____ 3 Children	\$45.00 weekly (per child, same family)

**PART TIME** (If available) \$15.00 daily (2:30 p.m. - 6:00 p.m.)  Monday  Tuesday  Wednesday  Thursday  Friday  
(Due on day of participation unless prior arrangements have been made with the director.)

**Please print FULL NAMES for each child you have registered in WRIGHT CARE:**

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

**CURRENT CLASS SCHEDULE: (Example: Jones-4th)**

MATH: \_\_\_\_\_ - \_\_\_\_\_ LAR: \_\_\_\_\_ - \_\_\_\_\_ SOCIAL STUDIES: \_\_\_\_\_ - \_\_\_\_\_ SCIENCE: \_\_\_\_\_ - \_\_\_\_\_

Please check if applicable:

BETA CLUB   
  BAND   
  ORCHESTRA   
  CHORUS   
  AVID   
  LAW   
  PACE

**AFTER SCHOOL CLUBS/TUTORING:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

PLEASE LIST OTHER ACTIVITIES, SPORTS, INTERESTS, ETC.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_



# Wright Care Registration Form

PART 2  
**HEALTH AND EMERGENCY CONTACT PROCEDURES**

*Please print all information.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Home Phones: 1. \_\_\_\_\_ 2: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance/Medicaid \_\_\_\_\_ ID: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**EMS (Emergency Medical Service) WILL BE CALLED IN THE EVENT OF A HEALTH RELATED EMERGENCY.**

**MEDICAL CONDITIONS: (Please check all that apply)**

Asthma                       Diabetes                       Heart Condition                       Bleeding Disorder  
 Seizures                       High Blood Pressure                       Sickle Cell Disease                       Orthopedic Disability  
 Other, specify \_\_\_\_\_

**Name and Dosage of all Current Medications:**

1. \_\_\_\_\_ Dosage: \_\_\_\_\_

2. \_\_\_\_\_ Dosage: \_\_\_\_\_

3. \_\_\_\_\_ Dosage: \_\_\_\_\_

**Severe Allergic Reactions: (Specify)**

Insects: \_\_\_\_\_ Foods: \_\_\_\_\_

Medications: \_\_\_\_\_ Other: \_\_\_\_\_

**Current Medications for Severe Allergic Reactions:**

EpiPen                       Benadryl                       Other (Specify): \_\_\_\_\_

1. **Restrictions from school physical activities: (Specify)**

\_\_\_\_\_

2. **Description of any identifying marks:**

\_\_\_\_\_

3. **Other pertinent information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE CONFIRMS ACCEPTANCE OF THE HEALTH AND EMERGENCY CONTACT PROCEDURES AND THE WRIGHT CARE POLICIES AS DEFINED IN THE WRIGHT CARE INFORMATION BROCHURE.**

Please initial to agree to the following statement: \_\_\_\_\_ *I understand that my signature grants approval without compensation for the inclusion of my child in Wright Care promotions/graphics.*

Please initial to agree to the following statement: \_\_\_\_\_ *I have read the Wright Care Information Brochure and agree to adhere to the policies and procedures set forth.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_