

**Please complete this form for After School Participants Only:**

Student Name: \_\_\_\_\_

Present School: \_\_\_\_\_

**Circle the Days of the Week Your Child will be Attending**

(Fees will be applied for every day circled)

Monday Tuesday Wednesday Thursday Friday

**Please Check the Appropriate Fee Schedule**

\_\_\_ \$3.00 per day-Standard rate (\$15.00 weekly)

\_\_\_ \$2.00 per day- Families eligible for Reduced Lunch Only

\_\_\_ \$1.00 per day- Families eligible for Free Lunch Only

**Please complete the following information only if you  
are requesting evening transportation.**

Please describe the hardship that prevents an adult in your family from picking up this student:

---

---

---

Which days would evening transportation be needed? \_\_\_\_\_

*Please include driving directions on back. You will be notified within 5 days if this evening transportation request has been approved.*

**Do you give permission for WYN staff to request academic information (grades, IEP, 504, etc.) from your child's school in order to provide the highest quality academic support?**

**If so, please sign and date here:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Parent/Guardian Signature