

WILDWOOD CHRISTIAN ACADEMY'S FALL AFTER SCHOOL ACTIVITIES

The following after school activities are being offered starting this fall. Return this form and full payment to the front office ASAP. A phone call to the office does not reserve a spot for your child in a program; this form and complete payment reserves a place in a program. A student may not begin a program without payment in full. A student may only be enrolled in the programs that are age-appropriate. Please remember that each program has its own separate rules and procedures to follow which will be provided to you under separate cover (i.e. You will be required to drive your child to tennis.). *Some programs have a limited number of spots available and it will be handled on a first come first serve basis.

**** You will need to provide an afternoon snack for your child and a Wildwood shirt for off-campus activities.
Golf requires a WW polo; tennis requires a WW polo or WW PE shirt.**

PROGRAM	DAY(S) OF WEEK	TIME	SCHEDULE	GRADES	COST	ENROLL
EXTENDED DAY PROGRAM	MON – THURS	2:30 – 5:00	8/29 – 5/24 (year)	K – 8 TH	\$1000.00	_____
			8/29 – 11/30 (3 mo.)	K – 8 TH	\$350.00	_____
			8/29 – 9/29 (1 mo.)	K – 8 TH	\$125.00	_____
INTRAMURALS	MONDAYS	2:30 – 4:00	8/29 – 12/5	4 TH – 8 TH	\$50.00	_____
STUDY HALL	TUESDAYS	2:30 – 4:00	8/30 – 12/6	4 TH – 8 TH	No Charge	_____
GOLF	WEDNESDAYS	2:30 – 5:30	9/14 – 11/2	4 TH – 8 TH	\$80.00	_____
TENNIS	THURSDAYS	4:00 – 5:00	9/8 – 10/27	K - 2 ND	\$80.00	_____
TENNIS	THURSDAYS	5:00 – 6:00	9/8 – 10/27	3 RD - 8 TH	\$80.00	_____
STUDY HALL	THURSDAYS	2:30 – 4:00	8/30 – 12/8	4 TH – 8 TH	No Charge	_____
STRINGS	TBD					_____
*SWIMMING	TU/TH	4:00 – 5:00	ONGOING		\$7.00/SESSION	_____

***MUST BE ABLE TO SWIM A LAP ON OWN; PAY DIRECTLY TO BIG CANOE FITNESS CENTER.**

TOTAL DUE: \$ _____

STUDENT NAME: _____ GRADE: _____

FORM OF PAYMENT: Please circle your form of payment and provide the appropriate information. Make check payable to WCA.

CASH CHECK: _____ AMEX VISA MASTERCARD
(YOUR CHECK NUMBER) (COMPLETE INFORMATION BELOW)

NAME AS IT APPEARS ON CREDIT CARD: _____

CREDIT CARD #: _____

(PLEASE CHECK THE NUMBER AND PRINT CLEARLY)

BILLING ZIP CODE: _____ EXP: ____ / ____
(MONTH) (YEAR)

BEST PHONE # TO REACH YOU: _____