



LOVEJOY INDEPENDENT SCHOOL DISTRICT  
KIDS 1<sup>ST</sup> AFTER SCHOOL PROGRAM  
ENROLLMENT FORM

Start Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ F/T (5days) \_\_\_\_  
P/T (3 days) \_\_\_\_

Grade \_\_\_\_\_ Elementary School \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_

Parent Name \_\_\_\_\_ Wk # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's Employer \_\_\_\_\_ Dr. License # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Wk# \_\_\_\_\_ Cell # \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Dr. License # \_\_\_\_\_

Email Address for Correspondence \_\_\_\_\_

**EMERGENCY CONTACTS & AUTHORIZED PERSON(S) TO PICK UP YOUR CHILD.** We ask your cooperation in providing names of additional persons to contact during program hours in case we cannot reach the parent or legal guardian. Please indicate person designated to pick up your child other than the person completing and signing this form. (Example: mother completes form, father should be listed here. **ANY CHANGES IN THIS LIST MUST BE RECEIVED IN WRITING FROM THE PERSON COMPLETING & SIGNING THIS FORM.**

(R)-Relationship

Name \_\_\_\_\_ (R) \_\_\_\_\_ Phone (s) 1) \_\_\_\_\_ 2) \_\_\_\_\_

Name \_\_\_\_\_ (R) \_\_\_\_\_ Phone (s) 1) \_\_\_\_\_ 2) \_\_\_\_\_

Name \_\_\_\_\_ (R) \_\_\_\_\_ Phone (s) 1) \_\_\_\_\_ 2) \_\_\_\_\_

**HEALTH INFORMATION ABOUT THIS STUDENT:**

\_\_\_\_\_  
\_\_\_\_\_

I release the Lovejoy Independent School District from liability in case of accident. The coordinator is given permission to provide emergency health care if needed. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS:** Use this section to note any additional information pertinent to the program, such as persons who are to not pick up your children, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_