

## Registration Form

Please fill out a separate registration form for each child enrolling in the Out of School Program in Levelland ISD.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**FATHER/LEGAL GUARDIAN** (name) \_\_\_\_\_

ADDRESS (street) \_\_\_\_\_ (city/state) \_\_\_\_\_ (zip) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ (work phone) \_\_\_\_\_

CONTACT (home phone) \_\_\_\_\_ (cell phone) \_\_\_\_\_

(Email) \_\_\_\_\_

PLACE AN "X" ON YOUR PREFERRED WAY TO BE CONTACTED

(hm phone) \_\_\_\_\_ (wk phone) \_\_\_\_\_ (cell/text) \_\_\_\_\_ (email) \_\_\_\_\_

**MOTHER/LEGAL** (name) \_\_\_\_\_

ADDRESS (street) \_\_\_\_\_ (city/state) \_\_\_\_\_ (zip) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ (work phone) \_\_\_\_\_

CONTACT (home phone) \_\_\_\_\_ (cell phone) \_\_\_\_\_

(Email) \_\_\_\_\_

PLACE AN "X" ON YOUR PREFERRED WAY TO BE CONTACTED

(hm phone) \_\_\_\_\_ (wk phone) \_\_\_\_\_ (cell/text) \_\_\_\_\_ (email) \_\_\_\_\_

Please check the appropriate box that indicates your child's mode of transportation home from the Out of School Program.

- ☐ My child will ride the late bus as designated by the school. The late bus departs after two hours of afterschool programming.
- ☐ My child will be picked up daily by myself/spouse or my designee (as stated in the emergency contact).
- ☐ Other \_\_\_\_\_

\* **Special Needs/Instructions** (be specific, i.e. allergies, medications, restrictions, etc. ):

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

### Walk Home Information

My child has permission to walk home from the Afterschool Program, therefore, I authorize the Afterschool staff to sign my child out of the program.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
 (signature is for walking home permission)

Emergency Contact (name & number) \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
 (final signature is for program participation)