



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 bus as designated by the school after the ACE program.
[Check appropriate box(es).] Address for buses: _____
- My child will be dropped off/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.):

Emergency Contact (name & number) _____
(MUST BE A SEPARATE PERSON FROM THOSE LISTED ABOVE.)

Parent/guardian signature _____ **Date** _____
(signature is for program participation)