

ALLEN INDEPENDENT SCHOOL DISTRICT  
KIDS CLUB PROGRAM  
ENROLLMENT FORM



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

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

Male/Female \_\_\_\_\_ 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 \_\_\_\_\_

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**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 & 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) \_\_\_\_\_

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HEALTH INFORMATION ABOUT THIS STUDENT \_\_\_\_\_

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

I release the Allen 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. I will adhere to guidelines for the After School Programs as describe in the Parent Handbook.

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

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

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

**FIELD TRIP/CO-CURRICULAR TRIP  
PERMISSION AND EMERGENCY TREATMENT RELEASE FORM**

I, \_\_\_\_\_, the parent and or legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the above noted minor, my express permission to travel with AISD Kids Club on field trips and school activities/functions during the school year and to participate in all scheduled activities inherent in this/these trip(s).

In the event of an emergency necessitating medical attention for my child, I do hereby authorize the qualified and licensed medical personnel give treatment. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted below.

I acknowledge that liability of the school district and school employees is narrowly defined and extremely limited by State law and local policy.

\_\_\_\_\_  
Signature (Parent and/or Guardian)

**CONFIDENTIAL MEDICAL INFORMATION**

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc. \_\_\_\_\_  
\_\_\_\_\_

List any regular medication the student is taking: \_\_\_\_\_  
\_\_\_\_\_

List any other information, which may be helpful: