

**Lockhart ISD Community Education
Kids' Club After School Program
2025 - 2026 Registration Form**

Child's Full Name _____ Birthdate _____ Age _____

School _____ Grade _____ Teacher _____

Enrollment Option (please check one)

_____ Full Time

_____ Part Time (2 or 3 days per week – must be same days each week)

_____ Part Time days: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

_____ Drop In : Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Kids' Club Start Date _____

Pickup Time Option (please check one)

5:20 _____ 6:20 _____

Parent Information

Mother's Name _____

Mailing Address _____ City/St/Zip _____

Residence Address (if different than mailing) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Email Address _____

Father's Name _____

Mailing Address _____ City/St/Zip _____

Residence Address (if different than mailing) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Email Address _____

Emergency Contacts and Persons Authorized to Pick Up Your Child (must be at least 18 years of age).

If parent cannot be reached, who may pick up or take responsibility for your child? Local contacts only, please.

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

May we give your child acetaminophen (Tylenol) for fever 100.2 or greater? Yes ___ No ___

List any health restrictions or special needs (allergies, vision, hearing, etc).

Is child on any regular medication? Yes ___ No ___ Name of medication _____

Will this medication need to be given during our program hours? Yes _____ No _____

(If yes, medication administration paperwork will need to be completed)

NAME OF MEDICATION

EXACT DOSAGE

INTERVALS

Any condition present that might result in a medical emergency?

Any comments which will help us to better understand your child? _____

CONSENT TO TREAT A MINOR

Family Doctor _____ Telephone _____

Hospital Preference _____ City _____

In case of accident or serious illness, I request a school district employee contact me. I hereby authorize school personnel to call EMS to receive emergency treatment deemed necessary. This procedure is to be carried out in any instance of injury or severe illness wherein school authorities feel that my child's condition warrants such action. Further, I agree to assume the cost of such emergency care both to the receiving hospital, attending physician and EMS services.

Signature _____ Date _____

(Parent/Legal Guardian)

PARENT/GUARDIAN AGREEMENTS (please initial for acknowledgement)

_____ I agree to comply with the Kids' Club After School Program Information Guide.

_____ I grant permission to use photographs taken of my child in the local newspaper and the Lockhart ISD school district website and social media outlets. Yes ___ No ___

_____ I grant permission for Kids' Club to transport my child for field trips or special activities away from the site with prior notification.

_____ I understand Kids' Club is a voluntary program and excessive discipline incidences may be cause for suspension and/or termination of services.

_____ Credits or refunds will not be given for student absences or school district closures. Refund for withdrawals will be handled on an individual basis.

Tuition payment option (please check one):

Monthly _____ Payment is due on the 1st of each month. If the 1st falls on the weekend, then payment is due on the next business day.

Biweekly _____ Payment is due on the 1st and 15th of each month. If the 1st and 15th fall on the weekend, then payment is due on the next business day.