

For ESD Staff Use Only:  
Teacher \_\_\_\_\_  
Room \_\_\_\_\_

**LEWISVILLE I.S.D.**  
**EXTENDED SCHOOL DAY PROGRAM**  
**REGISTRATION FORM**

For Office Use Only:  
Rect # \_\_\_\_\_  
Check# \_\_\_\_\_  
Amount \_\_\_\_\_  
Date \_\_\_\_\_

**Start Date:** \_\_\_\_\_  
**Campus:** \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Name of Person with Whom Child Lives \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

\*\*\*\*\*

Mother's Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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Emergency Contacts: We ask your cooperation in providing names of at least two additional persons who may be contacted during program hours in the event we cannot reach the parent or guardian. These should be local residents.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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Departure Procedures: Please indicate persons (other than parents) who have your permission to pick up your child. Changes in this list must be received in writing. Only persons authorized by the parent or legal guardian may pick up children from ESD. **Anyone picking up your child must be prepared to show a photo ID.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Check here if you would like your child to walk/ride their bike home. Please indicate time: \_\_\_\_\_  
(Note: children will not be allowed to walk/ride their bikes home in case of inclement weather or when dusk/dark.)

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Does your child require any special accommodations under ADA/504? Yes/No

If yes, please detail what accommodations are needed: \_\_\_\_\_

Does your child have any health concerns our staff needs to be aware of? Yes/No

If yes, please describe: \_\_\_\_\_

Note: A detailed Medical Guardianship Form will be required for every child in ESD. Please obtain a form from campus staff.

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By completing and signing this form, I agree and understand that:

- I release the Lewisville Independent School District from liability in case of an accident.
- I give permission to ESD staff to provide emergency medical care for my child if needed. I understand that I am financially responsible for any expenses for medical care or transport incurred on my child's behalf.
- I will keep my financial obligations to the program regarding tuition and fees.
- My child and I will adhere to all guidelines for the Extended School Day program as described in the Parent Handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any additional information about your child, including persons who are NOT allowed to pick up your child. (Note: if the person is a natural parent of the child, official court/custody papers must be on file in our office.)

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