

Burleson ISD After School Program Enrollment Form



**An enrollment fee of \$40 per child must accompany this enrollment form.
The enrollment fee is non-refundable.**

Student Information

Name _____ Birth Date _____ Campus _____ Teacher _____ Grade _____

Address _____ City _____ Zip _____ Previous ASP Attended _____

1st Contact _____ Cell # _____ 2nd Contact _____ Cell # _____

Emer Contact _____ Cell # _____ Emer Contact _____ Cell # _____

How many days will your student attend the Burleson ISD After School Program? _____ Circle the days - M T W TH F

Student lives with: (Check all that apply) _____ Both Parents _____ Mother _____ Father _____ Grandparents _____ Other _____

Payment Method

The payment method **may not** be changed after enrollment begins. **Please circle your payment choice:**

Monthly Tuition \$150.00

Weekly Tuition \$40.00

Drop In \$15.00 per day

Permission Slip and Release

I hereby certify that my son/daughter (please circle one), _____, has my permission to participate in the following activity: **Burleson ISD After School Program**

I hereby waive and release all claims against the Burleson Independent School District, its Trustees, employees, volunteers or other representatives. I understand that Burleson I.S.D. does not waive governmental immunity, nor do its Trustees, employees, or volunteers waive official, professional, or volunteer immunity. I agree to indemnify the District, its Trustees, employees, volunteers or other representatives and hold them harmless from any claim for any injury or sickness, for any loss or damage to property that may be suffered by or occur to my son/daughter, or for any damages caused by my son/daughter during the activity or while traveling to and from the activity.

If, in the judgment of any school district representative, my son/daughter should need immediate care or treatment as a result of any injury or sickness and I cannot be contacted, I do hereby request, authorize, and consent to such care and treatment as may be given and do hereby agree to indemnify and save harmless the school district and any school representative from the claim of any person whomsoever on account of such care and treatment of my son/daughter.

My student has assured me that his/her conduct and dress will follow the guidelines of the Student Code of Conduct and any special rules that may be imposed especially for this activity. If there is a violation of conduct, dress code, or other rules, I understand that my student will be subject to discipline including without limitation, being sent home by the sponsor at no expense to the school or the sponsor.

Does student have any special health problems? Yes _____ No _____ If "Yes" please list: _____

Does student have any allergies? Yes _____ No _____ If "Yes" please list: _____

Is student taking any medication? Yes _____ No _____ If "Yes" please list: _____

The Burleson ISD After School Program staff does not have access to medications in the nurse's office. **If a prescription medication such as an inhaler must be given, the parent must provide the ASP Director with that medication even if the nurse already has it in her office. A medication form with a physician's signature must be completed and turned in to the ASP Director with the medication.** The After School Program will strictly enforce BISD medication policies.

THE EMERGENCY CONTACT(S) LISTED ON YOUR CHILD'S BISD ONLINE ENROLLMENT FORM IS/ARE THE PERSON(S) AUTHORIZED TO PICK-UP YOUR STUDENT(S) FROM THE AFTER SCHOOL PROGRAM.

~~~~PARENT MUST NOTIFY TEACHER OF CHANGE IN STUDENT'S DISMISSAL PROCEDURE~~~~

Please read the Policies and Procedures pages carefully before signing this agreement.

By signing this form, you understand and agree to abide by the Burleson ISD After School Program Policies and Procedures.

Signature of Parent or Guardian

Date