

**LEXINGTON SCHOOL DISTRICT FOUR AFTER SCHOOL PROGRAM  
2017-2018 APPLICATION FOR ENROLLMENT**

CHILD'S NAME \_\_\_\_\_  
AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ GRADE (2017-18) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
CELL PHONE # (MOTHER) \_\_\_\_\_ (FATHER) \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_  
PLACE OF EMPLOYMENT \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_  
PLACE OF EMPLOYMENT \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_

**EMERGENCY PICK UP**

**IN THE EVENT OF SICKNESS OR EMERGENCY WHEN NEITHER PARENT CAN BE REACHED, THE FOLLOWING PERSON SHOULD BE CONTACTED.**

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**CONTINUED ON BACK**

**MEDICAL INFORMATION**

ALLERGIES OR MEDICAL RESTRICTIONS

---

---

**INSURANCE INFORMATION**

\_\_\_\_\_ I HAVE PURCHASED SCHOOL INSURANCE COVERAGE FOR MY CHILD.

\_\_\_\_\_ I HAVE ADEQUATE INSURANCE COVERAGE FOR MY CHILD AND DO NOT CHOOSE TO OBTAIN ADDITIONAL COVERAGE. I WILL ASSUME LIABILITY FOR ANY ACCIDENTS AND INJURIES BY MY CHILD WHILE PARTICIPATING IN THE LEXINGTON SCHOOL DISTRICT 4 AFTER SCHOOL PROGRAM.

**ADDITIONAL IMPORTANT INFORMATION**

---

---

---

**AGREEMENT OF TERMS OF LEXINGTON SCHOOL DISTRICT 4 AFTER SCHOOL PROGRAM**

I \_\_\_\_\_ AGREE TO THE TERMS OF THE LEXINGTON SCHOOL DISTRICT 4 AFTER SCHOOL PROGRAM. THE FOLLOWING CHILDREN WILL BE ENROLLED:

**EARLY CHILDHOOD CENTER (ECC) GRADES 3K-5K:**

1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_

**SANDHILLS PRIMARY / ELEMENTARY (SPES) GRADES 1-4:**

1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_

**FRANCES MACK INTERMEDIATE SCHOOL (FMIS) GRADES 5-6:**

1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_

---

PARENT/GUARDIAN SIGNATURE

DATE