



**Life After School
Lake Highands Baptist Church
642 Brookhurst Drive
Dallas, Texas 75218
(214)327-7393**

Application

(Please complete a separate application for each child.)

Child's Information:

Child's Name _____

Street Address _____

School Attending _____

Current Grade _____

Age: _____ Birthdate _____ Sex _____

Parent(s) Information

Father's Name _____

Contact Information
Cell: _____ Work: _____
Email Address: _____

Mother's Name _____

Contact Information
Cell: _____ Work: _____
Email Address: _____

Emergency Contact

Name, address, and phone number of the person who would assume responsibility for your child in an emergency. This will be used only when we are unable to get in touch with you.

Name _____ Phone _____

Address _____

Family Physician _____

Physician Phone _____

Insurance Company _____

Policy Number _____

The undersigned parent(s)/guardian(s) having legal custody or control of a minor, grant emergency permission for any emergency treatment and hospital services that may be rendered to said minor under the general or specific direction of Dr. _____ or any hospital emergency department physician.

Father's Signature _____ Date _____

Work Address _____

Work Phone _____

Mother's Signature _____ Date _____

Work Address _____

Work Phone _____

ALLERGIES / PROHIBITED FOOD(s)

Please list allergies and prohibited foods for this child.

Attendance Agreement & Financial Policies

My Child _____ will be attending LAS on the following days:

Please Circle:

Mon. Tues. Wed. Thurs. Fri.

Tuition

LAS will have a flat rate monthly fee of \$__200.00__ per child. It will be due by the 7th of every month. We will also offer a part-time rate of \$_100.00__ for those attending 2 days or less. **(Tuition Is subject to change with a month advance written notice.)**

(Initials-Father)

(Initials-Mother)

Returned Checks

Tuition Checks returned by the bank are subject to a \$25.00 return check charge. If two checks are returned within a three month period, payment by cash or money order will be required.

(Initials-Father)

(Initials-Mother)

Late Pick-Up Charge

It is imperative that all parents pick up their children between 3:00p.m. and 6:00 p.m. There will be a five minute grace period, after that, a late fee charge of \$15.00 will be charged and then \$1.00 per minute per child will be assessed and payable at time of pick-up. Continued late pick-ups will result in termination of services.

(Initials-Father)

(Initials-Mother)

Withdrawal Of Child

Children benefit most when the program and the home have a similar philosophy of teaching and discipline. Should the time arise when either the Life After School Program or the parent feels that the child is not benefiting from the program, either party may request withdrawal without prejudice with a two week written notice.

(Initials-Father)

(Initials-Mother)

Admission Agreement Form

Admission Policies I

I have received a copy of the LAS Admission Policies. I have read and understand its policies and procedures, and agree to comply with the program rules and regulations.

Initials

Initials

Services Offered

The Life After School Program is for children Kindergarten through Sixth Grade. This includes a snack, homework assistance, educational enrichment activities, and short Bible stories.

Initials

Initials

Admission Policies II

Healthy children will be admitted and accorded equal treatment and access to services without regard to race, religion, color, national origin, or ancestry.

The following forms must be completed and turned in to **LAS BEFORE** your child may be admitted into the program: Copy of Admission Agreement, Notification of Parents' Rights, Personal Rights, Identification and Emergency Information, Consent for Emergency Medical Treatment, and Child's Pre-admission Health History (Parent's Report). **An immunization record must also be submitted for all children in kindergarten.** LAS will not hold a spot for your child until all paper work is completed.

Initials

Initials

For all children in grades 1st - 6th, you must have a copy of the your child shot records on file with the school they are attending. By signing below, you agree to provide either the school or LAS with a copy of the immunization record.

Parent Signature: _____

Immunization Requirements

Children must be immunized against Polio (3), Measles, Mumps, and Rubella (1), Diptheria- Pertussis-Tetanus (DPT-4), Hib, Hepatitis B, and Varicella (or give date of the disease), or have a statement on file giving a reason for exemption. The last TB test must have been within the past two years. For **Kindergartners**, up-to-date immunization records must be presented at the time of enrollment.

Initials

Initials

Days and Hours of Operation

School Year Schedule: 3:30-6:00. Monday through Friday

Initials

Initials

School Closings

I understand that Life After School Program will be closed on the following holidays mentioned in the school calendar: LAS follows the DISD calendar, we are open when Hexter is in full day sessions.

- 1. Labor Day
- 2. Thanksgiving Week
- 3. Christmas Break (see calendar)
- 4. New Year’s Day
- 5. Martin Luther King, Jr. Day
- 6. Presidents’ Day
- 7. Memorial Day
- 8. DISD inclement weather days and Early Release

Initials Initials

Absences

I understand that on a day that my child is unable to attend, it is my responsibility to notify LAS as soon as possible.

Initials Initials

Illness

I understand that I will be contacted should my child become ill while at LAS. I agree to pick-up my child promptly upon such notification. I also understand that my child cannot attend LAS on a day he/ she is ill, as defined in the Admission Policies.

Initials Initials

Communicable Disease

I understand that I must inform LAS within 24 hours, or the next business day after my child or any member of our immediate family has developed any communicable disease. I also understand that life threatening diseases must be reported immediately.

Initials Initials

Sign-In / Sign-Out

Life After School Sign-In/Sign-Out sheets. We become responsible when we pick-up your child and sign them in, and you resume responsibility when you sign them out. **You, as the adult, must sign your child out. You must use your full signature and not just initials.**

Chronic indifference to this responsibility jeopardizes your child’s continued enrollment. After signing out, your child should remain with you. The staff will sign in students picked up by the program or dropped off by a school bus.

Initials Initials

Release of Child(ren)

I understand that my child will be released only to myself, a legal guardian, the other parent (except where prohibited by court order), and to those persons whose names I have listed on my child’s Emergency Information Form. I understand that if someone other than my child’s parents/guardians is to pick-up my child on a specific day, I must notify LAS, even if they are listed on the Emergency Information Form. The designated person will be required to show a picture ID.

Initials Initials

Emergency Contacts

I understand that I am required to maintain at all times, at least one additional emergency contact other than myself, including full name, work phone number, and cell phone numbers. I understand that in the event of an emergency for which I or my emergency contact cannot be reached, the staff may contact police or other emergency authorities.

Initials Initials

Change of Information

I understand that it is my responsibility to inform LAS of any changes to the information on the Emergency Information Form, as well other forms in the registration packet, including, but not limited to: address, home phone number, parents’ work numbers, medical conditions, and pick-up authorizations.

Initials Initials

In the Event of an Emergency

In the event of an emergency, if I cannot be reached, LAS has my permission to contact the physician(s) listed on my child’s registration forms, or have my child transported to a local hospital for care. I will not hold LAS or its’ employees liable. I understand that I am responsible for all expenses incurred.

Initials Initials

Violent or Unsafe Behavior

I understand that I may be contacted should my child display violent, unsafe, or continually inappropriate behavior. I agree to pick up my child promptly upon such notification.

Initials Initials

PLEASE READ

As part of our Friday activities, LAS offer our kids the opportunity to watch age-appropriate movies. We try to view G-rated movies but sometimes the movie is PG-rated. Please indicate below if you want your child watching PG-rated movies. All movies are reviewed for content.

YES _____ No _____ Signature: _____

Authorization For Child Pick-up

Please list all individuals you authorize LAS to release your child.

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Please inform the person picking up your child(ren) that they will be required to show ID when picking up child(ren).

Conditions of Termination

As mentioned, LAS has the right to terminate this agreement and ask a parent to withdraw enrollment, if any of the following occurs:

- the child presents a health or safety threat
- repeated discipline problems
- lack of parental cooperation
- on-going late pick-up
- inappropriate parental behavior to children, teachers, or staff
- chronic lack of payment

I have read, understand, and will comply with the policies and procedures included in the Admission Agreement.

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____