



Have student take home for parent to complete; must have parent signature.

The following information is needed in order to enroll your child in the after school program:

Student Name _____

Student Grade _____ Student Date of Birth _____

Parent Name(s) _____

Address _____

Phone Number(s) _____ Email address: _____

Phone number at which you may receive text communication _____

Emergency contact (other than parent), relationship to student, phone number

Pick up, walk, or bus? _____ (If bus, you give permission for BISD to transport)

Do you give BISD permission to transport your child in case of emergency? _____
(must answer yes)

Do you give permission for your child's photograph to be published as a representative of BISD programs? _____

Does your child have any special conditions (allergies, special needs, 504, IEP) that we should be aware of? Explain. _____

By signing, you agree to abide by the rules and regulations set forth by BISD's ACE program. You may request a copy of these policies from your ACE site coordinator.

Parent Signature: _____

Student Signature: _____

Date: _____

For office use only

Entered _____ Transportation notified _____ Parent notified _____