

For ESD Staff Use Only:

Teacher _____
Room _____

**Lewisville ISD
Extended School Day Program
2015-16 Registration Form**

For Office Use Only:

Rect # _____
Check # _____
Amount _____
Date _____
Plan _____

Start Date: _____
Campus: _____

Student's Name: _____ Student ID#: _____ Birth Date: _____ Grade: _____

Gender: M F Name of Parent(s)/Legal Guardian(s): _____

Name of Person(s) with Whom Child Lives: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Mother: _____ Email: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Driver License Number: _____ State of Issue: _____

Employer: _____ Work Phone: _____

Other Contact Number: _____

Father: _____ Email: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Driver License Number: _____ State of Issue: _____

Employer: _____ Work Phone: _____

Other Contact Number: _____

Are there any custody orders that limit access of any parent (or other person)? Y N

***If yes, a complete copy of the court order or decree must be on file in our main office with a copy provided to the campus staff.**
(Please specify details under "Departure Procedures" on page 2 of this form).

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: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Child's Name: _____

Campus: _____

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; attach an additional page, if necessary. 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: _____

Please list any additional information, including persons who are NOT allowed to pick up your child:

If you wish for your child to walk or ride his/her bike home, you must provide a note giving your permission and indicating what time. *During Standard Daylight Time (late October through mid-March) children will not be allowed to walk or ride a bike home after 5:15PM. Children will also not be permitted to walk home during inclement weather, or any conditions the staff believes to be unsafe.

Other Information:

Does your child require any special accommodations under ADA/504? Y N

If yes, please detail what accommodations are requested:

Does your child have any health concerns our staff needs to be aware of? Y N

If yes, please describe:

Note: A detailed Medical Guardianship Form will be required for every child in ESD. This form is included in the ESD registration paperwork.

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

- I am the parent or legal guardian of the child I am enrolling in Extended School Day.
- I have completed both pages of this registration form and will notify the office in writing of any changes in the information provided.
- I release the Lewisville Independent School District from liability in the 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 any medical care or transport incurred on my child's behalf.
- I will keep my financial obligations to the program regarding tuition and fees.
- I certify that my child attends the school noted on this form during the entire school day and on every school day.
- My child and I will adhere to all the guidelines for Extended School Day program as described in the ESD Parent Handbook. The handbook is available online: <http://www.lisd.net/ESD/>; a hard copy may be requested from the ESD office after the first day of the school year.

Preferred Email for Correspondence: _____

Parent Responsible for Child's Account: _____

Parent Signature: _____

Date: _____

ESD Campus: _____

2015-16 TEMPORARY MEDICAL GUARDIANSHIP

*This form is REQUIRED for any child attending the Lewisville ISD Extended School Day program.
Please complete a separate form for EACH child.*

TO WHOM IT MAY CONCERN:

I (We) the undersigned _____ are the natural parents or legal guardians of
(Print name of parents and/or legal guardians)

_____. During my (our) absence, he/she has been placed in the temporary care of
(Print name of child)

LEWISVILLE I.S.D. Campus Support Services EXTENDED SCHOOL DAY STAFF, who are empowered by this statement to call for and authorize medical care and assistance in the event of injury, accident, or illness involving my (our) child. It is my (our) intention that this statement serves as authorization for such medical care to be administered during the following period of time:

Beginning Date: **August 24, 2015** through the Ending Date: **June 2, 2016.**

In the event that further medical consultation is required, the physicians who have most recently examined the child are:

Name: _____ Phone: _____

Name: _____ Phone: _____

Child's Name _____ DOB _____

List Known Allergies: Drugs: _____ Foods: _____

Other: _____

Previous Diagnosis and History:

Convulsions

Kidney Ailment

Diabetes

Asthma

Epilepsy

Bronchitis

Heart Ailment

Tuberculosis

None of the above

List all other medical conditions, history of surgeries, and serious injuries:

List names and doses of all regular medications:

Insurance Information (Optional but recommended): _____

In case of emergency, the following person/people is/are also authorized to give consent for treatment if the parent/guardian cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Parent / Legal Guardian _____ Signature: _____ Date: _____

Parent / Legal Guardian _____ Signature: _____ Date: _____

Student(s) Name(s) _____ Campus _____

Photo Release

From time to time in ESD, we like to capture the students participating in fun activities.

Please select all that apply:

- I give permission for my child(ren) to be photographed, videotaped, or interviewed while participating in ESD activities. If yes:
- I give permission for their use in LISD publications, displays, press releases, web pages, aired in area newspapers, newsletters or TV newscasts.
 - I give permission for my child(ren)'s name(s) to be used in LISD publications, web pages, or above mentioned media sources.
- I do not give permission for my child(ren) to be photographed, videotaped, or interviewed while participating in ESD activities.

Electronics in ESD

The Extended School Day program will abide by campus policies regarding electronics. When necessary, students will be allowed to use their electronics to complete homework. In addition, students may use their electronic devices for Reading Time. Students may have the opportunity to earn the privilege of bringing electronics to use during approved times at ESD. Your child will be notified when this is an option.

ESD guidelines for electronic use are:

- Students may use electronic devices during approved times only.
- Electronic devices must be kept on silent and cannot be a distraction for other students in ESD.
- Extended School Day staff will do our best to create a safe and enjoyable environment for your student, but assumes no responsibility for lost, broken, or stolen electronics.
- Electronics are for personal use only and may not be shared with other students. In addition, students may not take photos or videos of other students or staff or communicate with each other using their devices at any time.

Any misuse of electronics such as using them during an unapproved time, causing a distraction, sharing, accessing inappropriate material as determined by campus staff, cyber-bullying, etc. will lead to loss of the privilege.

My signature indicates that the selections above are correct and that I understand that LISD and ESD are not responsible for lost, stolen, or broken electronics. My student understands the rules for using his/her electronics and that misuse may result in no longer being able to use electronics in ESD.

Parent Signature _____ Date _____

Tuition Selection & Policy Acknowledgement

Extended School Day, 2015-2016

Payment Plans CANNOT CHANGE after receipt of first payment.

Child(ren)'s Name(s): _____ ESD Campus: _____

Please select a Tuition Payment Option (Monthly, Semester, or Yearly)

Standard MONTHLY:

9 equal payments of \$230.00

Total Tuition: \$2,070.00 (per child)

Payment is due on the first of each month according to the payment schedule provided.

First payment is due upon registration. Automatic payments are available for this payment plan.

I do not wish to have my monthly tuition payment automatically drafted from my account each month.

I authorize Campus Support Services to draft my credit card account for the monthly tuition payment.

(The ESD LISD Credit Card Automatic Payment Form is Required.)

Standard SEMESTER:

2 equal payments of \$925.00

Total Tuition: \$1,850.00 (per child)

First payment is due upon registration. Second payment due January 11, 2016 *Not available after September 4, 2015.

Automatic payments are available for this payment plan.

I do not wish to have my semester tuition payment automatically drafted from my account.

I authorize Campus Support Services to draft my credit card account for the semester tuition payment.

(The ESD LISD Credit Card Automatic Payment form is Required.)

Standard YEARLY:

1 annual payment of \$1,600.00

Total Tuition: \$1,600.00 (per child)

****Save \$470 compared to the Standard Monthly Plan****

This plan is not available after September 4, 2015.

To be paid upon registration.

- I understand that I am responsible for all fees unless I contact the ESD Office and provide written notification that I need to cancel services. I understand that I am financially responsible whether my child attends ESD or not. (Withdrawal Form available online at www.lisd.net/esd).
- I understand that the \$35 registration fee is non-refundable.
- I understand the tuition is due on the first of each month. If tuition is not paid by the due date specified, my child will be subject to removal from ESD due to non-payment.
- I understand that ESD does not provide reminder notices for payments due.
- I understand that LISD is not responsible for lost, stolen, or misdirected mail.
- I understand that LISD is not responsible for declined credit cards and that a \$10 decline fee will be assessed for each occurrence.
- If, for any reason, I cancel my child's registration or my child is removed from the ESD program, I understand that it may take 30-45 days (from the date I notify the Campus Support Services Office) to receive any refund that may be due. Refunds for the monthly and yearly plans will be calculated according to the information in the 2015-2016 ESD Parent Handbook.
- I understand that it is my responsibility to abide by the procedures and policies outlined in the ESD Parent Handbook. Failure to follow the policies and procedures may lead to my child being removed from ESD. The handbook can be found at www.lisd.net/esd.
- If it is determined that any information I have provided to ESD is incomplete or untrue, my child is subject to immediate removal from ESD.

***Any questions or problems with my account may be addressed by calling (469) 713-5997.**

Signature: _____

Date: _____

2015-2016 LISD ESD AUTO Credit Card Payment Form

Office Use Only:

Entered: _____

Child(ren)'s Name: _____

School: _____ Amount to charge: \$ _____

Check ESD Payment Plan Box:

- Standard Monthly Plan
 Employee Monthly Plan
 Scholarship Monthly Plan
 Standard Semester Plan
 Employee Semester Plan

Circle Credit Card Information:

- VISA®
 MASTERCARD®
 DISCOVER®

Last 4 digits of card number: _____ Exp date: ____/____

Name (as it appears on the card) _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

Telephone (cell) _____ (work) _____

Authorization Signature _____ Date _____

OFFICE USE ONLY					
2015-2016 AUTOMATIC CHARGE PAYMENT RECORD					
(After 1 st Day of School) Start Date _____ Installment # _____ Amount \$ _____ Installment # _____ Amount \$ _____					
Installment	DATE PAYMENT TO BE CHARGED	DATE PAID	DECLINE FEE / PAID	AMOUNT PAID	FAPS APPROVAL #
1	Registration 2015		/		
2	September 1, 2015 *		/		
3	October 1, 2015 *		/		
4	November 1, 2015 *		/		
5	December 1, 2015 *		/		
6	January 1, 2016 *		/		
7	February 1, 2016 *		/		
8	March 1, 2016 *		/		
9	April 1, 2016 *		/		

* Or upon registration if applicable, depending on the start date.

For security reasons, the record of the credit card number below will be destroyed after payment has been processed.

Card Number _____ Exp date _____



2015-2016 ESD Tuition Due Dates

Monthly Due Dates

Payment #	Payment Due:
1	Upon Registration
2	September 1, 2015
3	October 1, 2015
4	November 1, 2015
5	December 1, 2015
6	January 1, 2016
7	February 1, 2016
8	March 1, 2015
9	April 1, 2015

Semester Due Dates

Payment #	Payment Due:
1	Upon Registration
2	January 11, 2016

*If your registration is not received by **3:00 PM on August 7, 2015**, your child will **NOT** be allowed to start ESD on the first day of school (August 24, 2015).

**Please note if tuition is not received by the Campus Support Services office within 5 business days of the date listed above, the student will be withdrawn from the ESD program. You may opt to pay the tuition and a reinstatement fee to remain in the program, if space is still available.

Important Tuition Notice

Please be advised that the ESD payment plans are not calculated based on the number of school days within a month. Payment plans are based on the total number of days in the school year divided into equal payments. Tuition adjustments will not be made for unforeseen circumstances beyond the control of LISD, (inclement weather, medical or facility emergencies, or other days off that are not made up). Please pay close attention to the payment due dates. The due dates are based on the payment number and not the time period covered.

If you have questions about tuition payments, please contact our office at 469-713-5997.