



**Jourdanton ISD After School Kids Club**  
***After School Care for Students of Working Parents***

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**Application/Agreement for Care**

Parents' Names

Mother	Father
Home Phone	Home Phone
Cell Phone	Cell Phone
Address	Address
Employer	Employer
Work Phone	Work Phone
Work Hours	Work Hours

Will be Paying (circle one)

Monthly

Weekly

Children that will be attending the program

Name	Grade	Age
Name	Grade	Age
Name	Grade	Age
Name	Grade	Age

If child(ren) will be staying other than daily, please explain:

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Permission granted for the following persons to pick up my child(ren)

Name	Phone
Relationship	
Name	Phone
Relationship	



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Please list any allergies or health problems of child(ren)

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Doctor Name

Doctor Phone

Preferred Hospital

***\*\*Please note that the district will attempt to concur with your requests in the event of an emergency. However, your signature below also provides approval for the school employees to act as they deem necessary in case of an emergency.***

I (we) understand and agree to abide by the requirements and stipulations of the Jourdanton ISD After School Kids Club. I (we) give permission for the school district to provide the necessary care and emergency procedures as they deem necessary for my (our) child(ren).

Signed

Parent/Guardian

Date

Parent/Guardian

Date

**Rules Consent**

I acknowledge that I have read, understand, and agree to comply with the rules and procedures set forth in the registration forms and handbook brochure that are to be implemented by the Jourdanton ISD After School Kids Club program.

Parent/Guardian Signature

Date