

# Before and After School Registration Form

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Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

*Please indicate with an X which option and days your child/ren will be participating in the program during the school year.*

| Program             | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------|--------|---------|-----------|----------|--------|
| Before School       |        |         |           |          |        |
| Pre-K After School  |        |         |           |          |        |
| After School – 4:30 |        |         |           |          |        |
| After School – 5:30 |        |         |           |          |        |

***Emergency Contact Information***

Mother/Guardian's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

***In the event that I am unable to pick up my child, the following individuals are permitted to do so.***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

***Health Information:*** List all allergies or health conditions that is part of your child/ren's medical history

Explanation \_\_\_\_\_

I have read, understand, and agree to adhere to the guidelines set forth in the BASP policy, Parent/Student Handbook as well as any modifications therein.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**For office use only:**  
 Registration Fee pd. \_\_\_\_\_ Ck # \_\_\_\_\_ Date \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_