

Before and After School Registration Form

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

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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 \$ _____