

Before and After School Registration Form

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.

My signature below certifies that immunization information concerning my child has been provided and is available in the school office.

Signature of Parent/Guardian _____ **Date** _____

For office use only:

Registration Fee pd. _____ Ck # _____ Date _____ Monthly payment \$ _____