

St Charles Borromeo School
431 Decatur Street
St. Charles, MO 63301

Family Name:

BASK - COURTESY USE AGREEMENT FORM

This states that you do not intend to use BASK this year for your children. However, students who are in the building prior to 7:25am or past 3:05pm will be sent immediately to BASK. If you arrive at the building after pickup, please go to the BASK / Preschool entrance to pick up your child.

Please note: We will allow 3 "emergency" courtesy pick up days, at the normal rate per hour, for non-BASK families. After the 3rd day, you will be considered a regular BASK user charged the enrollment fee. All students in BASK will adhere to agreements. Please see BASK Registration form for fees and agreements.

Dates Courtesy Used (Office Use Only)

1st Date:		
2nd Date:		
3rd Date:		Date sent registration paperwork:

(please print)

STUDENT INFORMATION

1st Child's Name:		Grade:	
Birth Date: / /	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
Allergies:			

Other medical information will be supplied by the school office.

2nd Child's Name:		Grade:	
Birth Date: / /	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
Allergies:			

Other medical information will be supplied by the school office.

3rd Child's Name:		Grade:	
Birth Date: / /	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
Allergies:			

Other medical information will be supplied by the school office.

4th Child's Name:		Grade:	
Birth Date: / /	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
Allergies:			

Other medical information will be supplied by the school office.

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IN CASE OF EMERGENCY

Parent / Guardian name:		Relation:
email address:		
Address:		Phone:
		Phone:
Parent / Guardian name:		Relation:
email address:		
Address:		Phone:
		Phone:
Other: Name:		Phone:
	Relation:	Phone:
Other: Name:		Phone:
	Relation:	Phone:

I understand that I will be notified at once in case of any accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize the BASK Staff to contact:

Doctor:	Phone:
My preferred hospital is:	
Parent / Guardian Signature:	Date:

AUTHORIZED PERSONS TO PICK UP FROM BASK

*any changes to this list need to be emailed to bask@borromeoschool.com		
Name:	Relation:	Phone:
Name:	Relation:	Phone:
Name:	Relation:	Phone:

* students will NOT be released to anyone without prior notification

Parent / Guardian Signature	Date:
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