

Office use only: Date paid _____ Check# _____ Amt\$ _____

FAMILY NAME:

BASK REGISTRATION AND AGREEMENT FORM 2022-2023

STUDENT INFORMATION			
1st Child's Name:		Grade:	
Birth Date: / /		Age:	<input type="checkbox"/> F <input type="checkbox"/> M
Allergies:			
2nd Child's Name:		Grade:	
Birth Date: / /		Age:	<input type="checkbox"/> F <input type="checkbox"/> M
Allergies:			
3rd Child's Name:		Grade:	
Birth Date: / /		Age:	<input type="checkbox"/> F <input type="checkbox"/> M
Allergies:			
4th Child's Name:		Grade:	
Birth Date: / /		Age:	<input type="checkbox"/> F <input type="checkbox"/> M
Allergies:			

***Other medical information will be supplied by the school office.

ATTENDANCE			
Daily:	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Notes:			
Sessions Needed:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> BOTH

IN CASE OF EMERGENCY	
Parent / Guardian Name:	Relation:
Email Address:	Phone:
Parent / Guardian Name:	Relation:
Email Address:	Phone:
Other / Name:	Relation:
Email Address:	Phone:
Other /Name:	Relation:
Email Address:	Phone:
<p>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:</p>	
Doctor:	Phone:
My preferred hospital is:	
Parent / Guardian Signature:	Date:

AUTHORIZED PERSONS TO PICK UP
<ul style="list-style-type: none"> Any changes to this list need to be emailed to bask@borromeoschool.com

BASK FEES

Enrollment Fee: \$35.00 - first child; \$15.00 - each additional child. Make checks payable to "SCB"

Before / After School Care Rates:

1st Child	\$7 an hour	Students who are in the building prior to 7:25 am or past 3:05 pm 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.
2nd / 3rd Child	\$5 per day	
4th Child	Free	

AGREEMENTS

- A. The BASK Staff and I have agreed on continuing communication regarding my child's development, behavior etc.
- B. When my child is ill, I understand and agree that he/she may not be accepted for care.
- C. My child's behavior will not impede the growth, development, and participation of any other child in the BASK program.
- D. I understand that continued behavior issues may result in consequences that may include not being able to attend BASK.
- E. I understand that all fees must be kept current.
- F. I understand that a late fee of \$5 may be assessed if I do not pay by the 20th of the month.
- G. I understand that the After School program's hours are from school dismissal until 6:00 pm and that any late pick up will result in a \$5.00 per minute late fee after 6:00 pm. This fee must be paid at the time of after hours pickup.
- H. I understand that the Morning Care program's hours are from 6:30 - 7:25. No one will be admitted into the building until 6:30 am and students may not be dropped off any earlier or be outside without adult supervision.
- I. I understand that I need to inform the BASK staff if my child is to go to a club/practice during BASK hours and will be dismissed from said club/practice.