

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

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

Family Name: _____

BASK - REGISTRATION & AGREEMENT FORM

(please print)

STUDENT INFORMATION

1st Child's Name: _____ Grade: _____

Birth Date: / / Age: _____ Sex: F M

Allergies: _____

Other medical information will be supplied by the school office.

2nd Child's Name: _____ Grade: _____

Birth Date: / / Age: _____ Sex: F M

Allergies: _____

Other medical information will be supplied by the school office.

3rd Child's Name: _____ Grade: _____

Birth Date: / / Age: _____ Sex: F M

Allergies: _____

Other medical information will be supplied by the school office.

4th Child's Name: _____ Grade: _____

Birth Date: / / Age: _____ Sex: F M

Allergies: _____

Other medical information will be supplied by the school office.

*for additional children, please request another copy of this page.

ATTENDANCE

Choose 1 option: Daily: M Tu W Th F

Notes: _____

Sessions Needed: AM PM Both

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

RESPONSIBLE PARENT INFORMATION

Person responsible for bill:	Phone numbers:
Address (if different from child)	()
	()
email address for billing:	
Employer:	Employer Phone number:
Employer Address:	()

BASK FEES

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

Before / After School Care Rates:		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.
1st Child	\$4 / hr	
2nd / 3rd Child	\$3 / hr	
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, it is understood and agreed 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. (Payment is billed at the beginning of each month, due on the 20th)
- 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 6:00pm and that any late pick up will result in a \$5.00 per minute late fee after 6:00pm. This fee must be paid at the time of afterhours 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 6:30am 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/activity and is being checked out by another parent. This person should be listed on the "Authorized Persons" list provided to BASK (above) or an email must be sent to bask@borromeoschool.com

Parent / Guardian Signature	Date:
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