

2010-2011

BASE REGISTRATION FORM

The Before and After School Experience

PART 1 – GENERAL

HANDBOOK MAILED: _____

A. TODAY'S DATE: _____

B. SCHOOL: _____

C. REGISTRATION FEE: \$ _____ CHECK/MO _____ CASH _____

Note: Registration fee is \$ 30.00 Fee is non-refundable

PART 2 – CHILD INFORMATION

	Child # 1	Child # 2	Child # 3
Child's Name			
Grade			
Sex			
Age			
Birthday			

PART 3 - BASE ENROLLMENT

Circle the days child will attend BASE. Weekly fee will be based on the number of days enrolled

	Child # 1	Child # 2	Child # 3
Morning Session	M T W TH F	M T W TH F	M T W TH F
Afternoon Session	M T W TH F	M T W TH F	M T W TH F
Start Date			

PART 4 – PARENT INFORMATION

If divorced, please list only name of parent who has custody of the child(ren). Also, telephone numbers are very important. Please list them where applicable. The telephone is our only means of contacting you in case of an emergency.

Lives with Both Mother Father Other (Circle One)

Who has legal custody of the child and what is the relationship ? _____

******Please Provide BASE with a copy of custody agreement, IF needed.**

A. Father / Guardian name _____

B. Mother / Guardian name _____

C. Address _____ City _____ Zip Code _____

D. Home Telephone (____) _____ E-Mail _____

E. Mother's Employment:

1. Company _____

2. Address _____

3. City _____ Zip _____

4. Phone Number (____) _____

5. Pager/Cell Phone(____) _____

6. Social Securty #: _____

7. Birth Date: _____

F. Father's Employment:

1. Company _____

2. Address _____

3. City _____ Zip _____

4. Phone Number (____) _____

5. Pager/Cell Phone(____) _____

6. Social Securty #: _____

7. Birth Date: _____

Part 5:

List persons (other than parent/guardian listed in Part 5) authorized to pick up your child(ren) and who may be called for emergency purposes when parents/guardians are unable to be reached. **Your child(ren) will not be released to anyone not authorized in by you. Any changes in the list MUST be received in writing.**

(1) Name _____	(2) Name _____
Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____
Pager # _____	Pager # _____
Cell Phone # _____	Cell Phone # _____
Relationship to child _____	Relationship to child _____

(3) Name _____	(4) Name _____
Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____
Pager # _____	Pager # _____
Cell Phone # _____	Cell Phone # _____
Relationship to child _____	Relationship to child _____

PART 6 - UNAUTHORIZED PICK-UP LIST

List person(s) to whom you DO NOT want your child to be released to.

Name _____ Name _____
 Relationship to child _____ Relationship to child _____

PART 7 – MEDICAL INFORMATION

	Child # 1	Child # 2	Child # 3
Physician			
Physician Phone			

Medical Information: **Are there any special

* **Must Provide documentation and explanation**

needs to consider**

ADD or ADHD _____	ADD or ADHD _____	ADD or ADHD _____
Allergies _____	Allergies _____	Allergies _____
Diabetes _____	Diabetes _____	Diabetes _____
Asthma _____	Asthma _____	Asthma _____
Learning Disabilities _____	Learning Disabilities _____	Learning Disabilities _____
Autism _____	Autism _____	Autism _____
Physical Disabilites _____	Physical Disabilites _____	Physical Disabilites _____
Epilepsy _____	Epilepsy _____	Epilepsy _____

Other *

Does your child have any allergies: YES/NO Explain, If Yes: _____

Does your child have any chronic or existing diseases or medical problems: YES/NO Explain, if yes: _____

Does your child take medication(s) every day? YES/NO if yes, list name and dosage of medication(s), time given, & purpose of medication(s). *See Below****** _____

****A form must be on file each year for any medication, either prescription or non-prescripton, to be administered during the BASE program. Prescription medication requires a doctor's signature to be adminitered by BASE personnel.****

PART 7 – PARENTAL AGREEMENT

Please read the following points carefully and sign below.

- 1. Space is limited with admission determined by the order in which the registration is received and with the highest priority given to those enrolling for full-time AM and PM participation.**
- 2. For the school year, I agree to pay (circle one) monthly /bi-weekly/ weekly.**
Monthly payments are due on or before the first of month.
Bi-Weekly payments are due on Monday of the first and third week.
Weekly payments are due on Friday for the next week.
- 3. Fees are charged according to the number of days for which my child is enrolled unless absences are identified in writing to BASE two weeks in advance.**
- 4. A late fee of \$1.00 per minute is due to the Site Leader when child is picked up after 6:00 p.m.**
- 5. Parents are responsible for all expenses incurred for the medical cost and/or transportation of child.**
- 6. The BASE Parent Handbook will be mailed with confirmation letter when 2010-2011 year begins. Parents will abide by the guidelines and policies set forth in the handbook.**
- 7. Parents agree to have an adult sign in child for AM BASE. Parents agree to have an adult sign out child for PM BASE.**
- 8. I give permission to have information shared regarding my child's needs between the school, Mental Health America of Boone County, and BASE.**
- 9. I give permission for photos of my child to be used to promote the BASE Program.**

PARENT/GUARDIAN SIGNATURE _____ DATE _____

BASE is administered by Youth Action Community Council of Boone County, Inc.,
1122 N Lebanon St., Lebanon, IN 46052, 482-0498 X 17
www.bccn.boone.in.us/yacc

