

SUMMER BASE REGRISTRATION FORM

The Before and After School Experience

PART 1 – GENERAL

A. TODAY'S DATE: _____

PART 2 – CHILD INFORMATION

	Child # 1	Child # 2	Child # 3
Child's Name			
Grade			
Sex			
Age			
Birthday			
T-Shirt Size			
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: F. Father's Employment:
1. Company _____ 1. Company _____
2. Address _____ 2. Address _____
3. City _____ Zip _____ 3. City _____ Zip _____
4. Phone Number (____) _____ 4. Phone Numebr (____) _____
5. Pager/Cell Phone(____) _____ 5. Pager/Cell Phone(____) _____
6. Social Securty #: _____ 6: Social Security #: _____
7. Birth Date: _____ 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 needs to consider**

* Must Provide documentation and explanation	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-prescription, to be administered during the BASE program. Prescription medication requires a doctor's signature to be administered by BASE personnel.****

PART 7 – PARENTAL AGREEMENT

Please read the following points carefully and sign below.

- 1. Fees are due in full on the first day of each BASE week. Failure to pay fees by the end of the school week will mean my child will not be allowed to attend BASE beginning the following Monday.**
- 2. 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.**
- 3. A late fee of \$1.00 per minute is due to the Site Leader when child is picked up after 6:00 p.m.**
- 4. Parents are responsible for all expenses incurred for the medical cost and/or transportation of child.**
- 5. Parents agree to have an adult sign in child for Summer BASE. Parents agree to have an adult sign out child for Summer BASE.**
- 6. I give permission to have information shared regarding my child's needs between the school, Mental Health America of Boone County, and BASE.**
- 7. 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

