

**BASREP-BEFORE & AFTER SCHOOL  
RECREATION ENRICHMENT PROGRAM**

**CHILD REGISTRATION FORM**  
**2010-2011 SCHOOL YEAR**

_____		_____
Child's Name		Nickname
_____		_____
Home Address		Home Phone
_____		_____
Town		Gender (circle): <b>M/F</b>
_____/_____/_____	_____/_____/_____	
Date of Birth	Date of Enrollment	
_____		_____
School	Grade	Teacher (if known)
_____		
_____		_____
1 <sup>st</sup> Parent/Guardian Name		Relationship to Child
_____		_____
Home Address		Marital Status
_____		_____
Business Name		Town
_____		_____
Business Address		Occupation
_____		_____
Business Address		Town
_____		_____
Home Telephone	Work Telephone	Cell Phone
_____	_____	_____
_____		
Email Address		

_____		_____
2 <sup>nd</sup> Parent/Guardian Name		Relationship to Child
_____		_____
Home Address		Marital Status
_____		_____
Business Name		Town
_____		_____
Business Address		Occupation
_____		_____
Business Address		Town
_____		_____
Home Telephone	Work Telephone	Cell Phone
_____	_____	_____
_____		
Email Address		

**2010-2011 School Year Schedule\***

Please indicate your desired schedule, for the 2010-2011 school year, by circling the appropriate days:

**Morning Session 6:30 – 9:00 A.M.**

Mon                  Tues                  Wed                  Thurs                  Fri

**Afternoon Session 3:00 – 6:00 P.M.**

Mon                  Tues                  Wed                  Thurs                  Fri

\_\_\_\_\_ Please register my child as a "drop-in" only.

# BASREP-BEFORE & AFTER SCHOOL RECREATION ENRICHMENT PROGRAM

## REGISTRATION AGREEMENT/CONTRACT

I understand that I am enrolling my child, for the time period, covered by the 2010-2011 school year.

I agree to pay for all services rendered, in accordance with the BASREP fee schedule, shown in the 2010-2011 PARENTS' HANDBOOK, on the first day, of each month. I am aware that these fees are subject to change. I also agree that I am responsible for all extra fees, when applicable, as described in the 2010-2011 PARENTS' HANDBOOK.

I understand that a late fee of \$30.00, will be charged if my account is not paid, in full, by the 10<sup>th</sup> day, of each month.

I understand that I am responsible, for monthly payments, of contracted fees, in advance. One month's escrow fee, to be applied toward June's tuition, is due, upon registration.

I understand that the monthly tuition has been averaged out, over the 10-month period, allowing for the shorter month of June and holidays. I understand that no refunds will be given, for these days.

I will give one month's written notice, of any change or withdrawal from the program, or risk losing my escrow deposit. I understand that no verbal notice will be accepted.

I agree to notify BASREP, when my child will be absent, from the program. I understand that a \$5.00 fee will be charged, for failing to notify the program, in excess of 3 times, and that I will be responsible, for my child and tuition payment.

I understand that I am responsible for any medical expenses, including transportation, as a result of emergency medical care, for my child.

I agree to sign my child in/out each day, and to respect the program hours, of opening at 6:30 AM and closing at 6:00 PM. I understand that I am subject to late pick-up fees, if I arrive late to pick up my child.

I understand, that it is my responsibility, to sign my child up for Vacation and Professional Days and that if I sign up for those days, I will be responsible for any extra fees, associated with those days, regardless of whether or not my child actually attends, unless I give proper notice, as stated in the Parent Handbook.

I agree to read the parent handbook, notices, newsletters and posted information, to remain informed.

I will notify the BASREP staff of any situations, in my child's life that may contribute, to changes in my child's behavior or needs.

I agree to pay for any damages that my child may incur to BASREP and school property, equipment, or another participant's belongings, if the damage is the result, of inappropriate behavior.

I understand that during stated vacation days and days that school is closed because of bad weather, there will be no program.

I have discussed BASREP's Discipline Policy including the techniques used to manage behavior, as well as, the Abuse/Neglect Policy with BASREP staff.

The BASREP staff will assume full responsibility, for my child from the time he/she arrives at the program, until the close of my child's session.

I agree to adhere to the BASREP policies, as stated in the 2010-2011 PARENTS' HANDBOOK and give my child permission to participate fully, in this program.

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Parent/Guardian Signature

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Date

**BASREP-BEFORE & AFTER SCHOOL  
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**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I hereby authorize Emergency Medical care for my child \_\_\_\_\_, during attendance, at the BASREP Before and After School Program, if in the judgment of the staff, treatment is required, for an injury or illness. I grant permission, for First Aid trained BASREP staff, to administer First Aid treatment, when deemed necessary.

The physician of my choice is Dr. \_\_\_\_\_  
Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
The dentist of my choice is Dr. \_\_\_\_\_  
Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

I give my consent, for BASREP, to contact the above named physician/dentist, if my child has a medical emergency. I understand that if my child's physician/dentist is not available, another physician/dentist may be contacted, on an emergency basis. I also give my consent for BASREP, to seek medical attention, in an emergency at the nearest hospital. I authorize any treatment deemed necessary, by the attending physician. I grant permission for my child to be transported, by ambulance, in the event of an emergency. I understand that whenever possible, I will be notified prior to medical treatment, of my child. I also understand, that I will be notified, at the earliest possible time, in the event, that I was unable to be reached, for prior notice. I understand that I am financially responsible, for any medical or transportation expenses incurred, on behalf of my child.

Medical Insurance Carrier \_\_\_\_\_ Medical Insurance ID: \_\_\_\_\_  
Dental Insurance Carrier \_\_\_\_\_ Dental Insurance ID: \_\_\_\_\_

Allergies \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Other Health Considerations \_\_\_\_\_

To the best of my knowledge, the information on this form is correct. I understand that if any of this information changes, I am obligated to notify the program in writing immediately.

\_\_\_\_\_  
Parent/Guardian Signature Date

**GENERAL FIELD TRIP PERMISSION FORM**

I hereby give permission, for my child to participate in local hikes and field trips (such as a walk to the High School track) organized, led, and supervised, by BASREP.

\_\_\_\_\_  
Parent/Guardian Signature Date

**HEALTH RECORDS PERMISSION FORM**

I grant permission, for BASREP, to obtain a copy of my child's school medical record, in lieu of securing a separate record, of medical examination, from my child's physician. I also grant permission, to my child's school, to provide information about my child, which might enhance my child's adjustment, to BASREP.

\_\_\_\_\_  
Parent/Guardian Signature Date

**BASREP-BEFORE & AFTER SCHOOL  
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**AUTHORIZATION FOR ALTERNATE PICK-UPS/EMERGENCY CONTACTS**

I give permission for the following persons, friends, and/or relatives to pick up my child, from the BASREP program, and/or to be contacted by BASREP, in case of an emergency, when I cannot be reached.

*At least THREE names, other than custodial parents, are required, NO EXCEPTIONS. If possible, we ask that parents provide us with one "out of state" emergency contact number, in case of a situation where local phone service is disrupted.*

1. \_\_\_\_\_  
Name Home Telephone Other Telephone  
\_\_\_\_\_  
Address Town Relationship to Child

2. \_\_\_\_\_  
Name Home Telephone Other Telephone  
\_\_\_\_\_  
Address Town Relationship to Child

3. \_\_\_\_\_  
Name Home Telephone Other Telephone  
\_\_\_\_\_  
Address Town Relationship to Child

**OUT OF STATE CONTACT**

\_\_\_\_\_  
Name Home Telephone Other Telephone  
\_\_\_\_\_  
Address Town Relationship to Child

\_\_\_\_\_  
Parent/Guardian Signature Date

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**TRANSPORTATION PERMISSION FORM**

*Please fill out all applicable sections. Korn School Students may be marked N/A.*

**A.M. Program**

I hereby give permission, for my child, to be transported by Regional District 13 School Bus, from BASREP, located at Korn School, to \_\_\_\_\_ School, after the morning session of BASREP.

**P.M. Program**

I hereby give permission, for my child to be transported by Regional District 13 School Bus, to BASREP, located at Korn School, from \_\_\_\_\_ School, for the afternoon BASREP session.

I understand that BASREP has no control over bus schedules, bus routes, or bus personnel. I also understand that the bus company can terminate my child, from the bus, for repeated misconduct.

\_\_\_\_\_  
Parent/Guardian Signature Date

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**AUTOMATIC CREDIT CARD AUTHORIZATION FORM**

- I would like my monthly tuition payments automatically charged to my credit card account. I understand that this charge will be made on or around the first of the month and may occur up to one week ahead of time. I understand that no special arrangements can be made to charge my card unless it is before the 10<sup>th</sup> of the month. I understand that I will receive a receipt, after the transaction is complete. I understand that my initial charge will be for the registration fee plus escrow (June tuition).
- No, thank you. I prefer to pay by check/money order or by bringing my credit/debit card into BASREP, to pay for services rendered.

Credit card information

- Visa
- MasterCard
- Discover
- American Express

Please circle:

Credit                      Debit

Account Number: \_\_\_\_\_

Card V-Code\*: \_\_\_\_\_

(\*3 digit security code, on the signature panel, on the back of Visa, Mastercard and Discover cards, or a 4 digit number, on the front of American Express cards).

Name on card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date