

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

CHILD REGISTRATION FORM
2010 Summer Program

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

Email Address		

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

Email Address		

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

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REGISTRATION AGREEMENT/CONTRACT

I understand that I am enrolling my child for the time period covered by the 2010 BASREP Summer Program.

I understand that I am responsible for the initial summer deposit (\$400.00 for the 1st child, \$350.00, for each additional child, of the same family). This deposit entitles my child to attend ANY 10 days, of my choosing, at the program. I understand that I may send my child for more than the initial 10 days, in which case, I will be charged \$40 for the 1st child and \$35, for each additional child, of the same family, per day. I understand that this initial deposit is non-refundable, and any unused portion, of the deposit, will not be returned. *All deposits are due, on Tuesday, June 1, 2010.

I understand that additional fees for services beyond the initial deposit and special rates for before or after RSD13 Academic Summer School care will be due on a weekly basis, on the FIRST day that my child attends each week. I understand that a \$10 late fee will be charged to my account, for EACH DAY that my balance is overdue. I understand that if two weeks tuition is not paid, my child care services will be immediately terminated.

I understand that I must submit my desired June/July schedule to BASREP, no later than Friday, June 4, 2010 and my desired August schedule, no later than July 15, 2010. I may add additional days to my schedule, at any time, space permitting.

I understand that I will receive two vouchers (per child). The first voucher will allow for one schedule change (swapping one day for another) and the second voucher will allow for one absence. I understand that I must still commit to using 10 days, even if I use the vouchers. I understand that once these vouchers are used, my account will be charged for all days that my child is signed up to attend, regardless of absences or switched days.

***New This Year/Drop-in Rates: I understand that I may choose to send my child to the BASREP Summer Program for less than the required 10 days and that if I choose this option I will be charged \$55.00 per child/per day used. If I choose this option, fees are due on each day that I send my child to the program. In addition, I understand that I do not have to provide BASREP with my schedule ahead of time; however, once I have requested a day, I will be responsible for the daily fee, regardless if my child is absent. No vouchers will be provided for drop-ins. BASREP reserves the right to deny care on any given day if we do not have adequate staffing on hand to allow for drop-ins.

I agree to notify BASREP by 10 A.M. when my child will be absent from the program, on days he/she is expected to attend.

I understand that BASREP will be closed on Friday, July 2, 2010, Monday, July 5, 2010 and on Wednesday, August 25, 2010 through Wednesday, September 1, 2010. I understand that in the unlikely event that BASREP must close on any other days, I will be notified, as soon as possible.

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

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

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

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 my child should not bring in toys, from home, unless cleared with the Directors ahead of time. Please refer to the parent handbook for a list of items which are not permitted at BASREP.

I understand that my child may bring his/her bike or scooter to the program, however, it must be returned home, each evening. BASREP does not have the ability to store these items overnight. In addition, bike helmets are required when riding bikes or scooters at the program and knee-pads are also required with scooters. Roller blades are not permitted.

I agree to adhere to the BASREP policies, as stated in the 2009-2010 School Year and 2010 Summer Program PARENTS' HANDBOOK and give my child permission to participate fully in this program.

Parent/Guardian Signature

Date

**BASREP-BEFORE & AFTER SCHOOL
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BASREP Summer Program June/July Schedule
This schedule is due to BASREP NO LATER than June 4, 2010

Please circle the days, that your child, will be attending, the
BASREP Summer Program during the month of July.

Child's Name: _____

Week #	Monday	Tuesday	Wednesday	Thursday	Friday
1	6/21	6/22	6/23	6/24	6/25
2	6/28	6/29	6/30	7/1	CLOSED
3	CLOSED	7/6	7/7	7/8	7/9
4	7/12	7/13	7/14	7/15	7/16
5	7/19	7/20	7/21	7/22	7/23
6	7/26	7/27	7/28	7/29	7/30

*Please indicate below, any special programs that your child will be attending, on days which he/she will be at the BASREP program i.e.: Academic Summer School.

**BASREP-BEFORE & AFTER SCHOOL
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BASREP Summer Program August Schedule
This schedule is due to BASREP NO LATER than July 15, 2010

Please circle the days, that your child, will be attending, the
BASREP Summer Program during the month of August.

Child's Name: _____

Week #	Monday	Tuesday	Wednesday	Thursday	Friday
7	8/2	8/3	8/4	8/5	8/6
8	8/9	8/10	8/11	8/12	8/13
9	8/16	8/17	8/18	8/19	8/20
10	8/23	8/24	CLOSED	CLOSED	CLOSED

*Please indicate below, any special programs that your child will be attending, on days which he/she will be at the BASREP program (i.e.: Basketball Camp, Tennis Camp)

**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 Summer 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

BASREP-BEFORE & AFTER SCHOOL RECREATION ENRICHMENT PROGRAM

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

**BASREP-BEFORE & AFTER SCHOOL
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**Automatic Credit Card Payment
Authorization Form**

- I would ONLY like my initial deposit, of \$400.00, for the 1st child, and \$350.00, for any additional children of the same family plus any registration fee(s) that are due, charged to my credit card account listed below. I understand that this charge will be made when I register my child for the 2010 BASREP Summer Program. I understand that I will receive a receipt after the transaction is complete.
- I would like my initial deposit (and any registration fees that are due), as well as, all other summer charges incurred, on behalf of my child, charged to my credit card account listed below. I understand that the initial charge will be made, when I register my child for the 2010 BASREP Summer Program. I understand that after the initial deposit has been used, charges will be made at the beginning of each week, in which my child is contracted to attend. I understand that I will receive a receipt, after the transaction is complete.
- FOR DROP-INS ONLY: I would like my drop-in fees to be charged to my credit card account listed below. I understand that these charges will be made on the day that my child(ren) attends the program. I understand that if my child is absent, my account will still be charged.
- 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: _____

Signature of Card Holder