

TRINITY CHRISTIAN SCHOOL
B.A.S.K. Enrollment Form 2012-13



(Before and After School Kids) Hours: **AM:** 7:00 – 8:15 am **PM:** 3:31 – 6:00 pm

Student's Name _____ Grade _____ Birth Date _____

Circle Days of Attendance: Mon Tues Wed Thurs Fri

Circle Times of Attendance: AM only PM only Both

State Approximate Times: Drop-Off Time _____ Pick-Up Time _____

Child lives with () Both Parents () Mother () Father () Guardian

Mother: _____ Father: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: H _____ W _____ Phone: H _____ W _____

Cell: _____ Cell: _____

Authorized persons to pick up your child or who can be contacted in case of emergency:

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

3. _____ Phone _____ Relationship _____

List any medical conditions requiring special attention:

Allergies or Sensitivities _____

(Parents are required to provide snacks for children with food allergies)

Diet Restrictions _____

Physical Limitations _____

Medication (that needs to be administered at school) _____

Unusual Fears _____

REVERSE SIDE MUST BE SIGNED



CIRCLE ONE OF THE FOLLOWING OPTIONS:

FULL TIME: (3 TO 5 DAYS PER WEEK)

- AM & PM - \$72.00 per week
- AM ONLY - \$31.00 per week
- PM ONLY - \$44.00 per week

DAILY COST:

- AM & PM - \$25.00 per day
- AM Only - \$10.50 per day
- PM Only - \$15.00 per day

Multiple child discounts: 1st child is full price, all additional children are ½ price

I have read and understand the fee schedule. Payments are due 15 days after invoicing. If payment is not received, child will not be allowed into BASK until payment is made. I also understand that there will be a **\$15.00 late fee for every 15 minutes starting at 6:01pm.**

SIGNATURE

DATE

BASK Medical Release

If medical care is deemed necessary for my child and I cannot be contacted, I authorize the staff, trained in first aid, to act on my behalf in providing appropriate care.

SIGNATURE

DATE