



(Before and After School Kare) Hours: **A.M.:** 6:30 – 8:10 a.m. **P.M.:** 3:30 – 6:00 p.m.

Student Name: _____ Grade: _____ Birth Date: _____

Circle Days of Attendance: Mon. Tues. Wed. Thurs. Fri.

Circle Times of Attendance: A.M. only P.M. 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.

Dietary Restrictions: _____

Physical Limitations: _____

Medication (that needs to be administered at B.A.S.K.): _____

Unusual Fears: _____

REVERSE SIDE MUST BE SIGNED



CIRCLE ONE OF THE FOLLOWING OPTIONS:

FULL TIME: (3-TO-5 DAYS PER WEEK)

- A.M. & P.M. - \$105.00 per week
- A.M. ONLY - \$46.00 per week
- P.M. ONLY - \$62.00 per week

DAILY COST:

- A.M. & P.M. - \$35.00 per day
- A.M. Only - \$15.00 per day
- P.M. Only - \$21.00 per day

Multiple child discounts: First child is full price, all additional children are half price.

I have read and understand the fee schedule. Payments are due 15 days after invoicing and will be billed through FACTS. If payment is not received, my child will not be allowed into B.A.S.K. until payment is made. I also understand there is a **\$15.00 late fee, every 15 minutes, for any time past 6:00 p.m., starting at 6:01 p.m.** There is a grace period from 3:30-3:45 p.m. for families who may be running late. A \$5 fee will be charged through FACTS in these instances.

SIGNATURE

DATE

B.A.S.K. 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