

TRINITY CHRISTIAN SCHOOL  
**B.A.S.K. Enrollment Form 2019-2020**



**(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. - \$75.00 per week
- A.M. ONLY - \$35.00 per week
- P.M. ONLY - \$45.00 per week

**DAILY COST:**

- A.M. & P.M. - \$27.00 per day
- A.M. Only - \$12.00 per day
- P.M. Only - \$16.00 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