SEAS BEFORE-AND-AFTER SCHOOL CARE (BASC)
REGISTRATION FORM

Please use a separate form for each student.

Name of Student _____Grade _____ DOB _____

Name of Parent(s)
Mother _____ Home # _____ Cell # _____
Employer _____Work # _____

Father _____ Home # _____ Cell # _____
Employer _____Work # _____

Emergency Contact _____ Phone # _____ Cell #_____

Does this child have any medical conditions or allergies? YES NO
If YES, explain _____
_____

Other information (please be as specific as possible)
_____

While in After-School Care, do you want your child to spend more than 30 minutes on homework? YES NO

Do you have a preference as to the type of snack given? YES NO
Remarks_____

Would you permit you child to occasionally view a movie after school?
YES NO

Is there anything else that we should know about your child? YES NO
Remarks_____

<u>You must give BASC written permission for the release of your child to anyone other than a parent or guardian</u>. This is a matter of safety. Please list person(s) below that are allowed to pick up your child after school. <u>If you do not list them, we will **NOT** release your child</u>. If you don't provide a contact person at this time and find it necessary in the future to have BASC release your child to someone, <u>written</u> <u>notice</u> can be provided at that time.

_____	_____	_____
Name	Phone #	Cell #
_____	_____	_____
Name	Phone #	Cell #
_____	_____	_____
Name	Phone #	Cell #