

## Registration Form

### **Bombers Before and After School KARE (BASK)**

Form must be completed in full or it will be returned.  
Completed forms must be in the office five business days prior to start of service.

For the majority of the school year my son/daughter will attend:

Daily on these days (circle)	Monday	Tuesday	Wednesday	Thursday	Friday
	Before School	After School		Both	

Please indicate an estimated drop off time so staff is there and ready for Before School BASK

Child's name	Age	Grade
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Child's Teacher	Bus #

Home address Birth Date

City Zip Home phone

Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Spouse/Partner	Home phone
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Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Child lives with (circle one): Both Parents    Mother    Father    Shared custody    Guardian

Sibling name(s) and ages:

What special needs (if any) should be addressed to ensure this child will be successful in our program?

Name and relationship of adult(s) **other than parents/guardians** who we may call during program hours and who have permission from you and authorization to pick up your child in case of illness, emergency, or if you will be late. **Listed persons must be able to pick up child within 20 minutes of call.**

Name	Phone
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Relationship	Cell phone
1. Mother	1. Mother
2. Father	2. Father
3. Sister	3. Sister
4. Brother	4. Brother
5. Grandmother	5. Grandmother
6. Grandfather	6. Grandfather
7. Aunt	7. Aunt
8. Uncle	8. Uncle
9. Cousin	9. Cousin
10. Friend	10. Friend
11. Neighbor	11. Neighbor
12. Teacher	12. Teacher
13. Coach	13. Coach
14. Other	14. Other

Name	Phone
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Relationship	Cell phone
Spouse	95%
Family member	85%
Friend	75%
Acquaintance	65%
Stranger	55%

Name of anyone **NOT** authorized to take your child from the center \_\_\_\_\_ (A court order and current photo is required if he/she is a parent of this child.)

I hereby give permission for the supervising staff to call in the event of a **medical emergency**:

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Does your child regularly take medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of medication \_\_\_\_\_ Administered for \_\_\_\_\_

**Medication cannot be administered without written permission from a physician and parent/guardian.  
Medication must be correctly labeled.**

Is your child on a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Does your child have any significant health problems? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Does your child have any issues that may prevent socialization? \_\_\_\_\_

**Choose one:**

\_\_\_\_\_ My child will use the school's breakfast program

\_\_\_\_\_ My child will eat breakfast at home or bring it with them in the morning.

**Youth Signature Required**

I understand the guidelines for me to attend this program including "Responsibilities and Discipline Guidelines"

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature Required**

I give permission for my child to attend scheduled walks to local sites and parks in Braham with the Program Coordinator.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read the information packet including "Responsibilities and Discipline Guidelines" and accept the procedures for suspension and removal from the program for my child should s/he behave inappropriately.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand the process for reserving and paying for the program. If I miss the Thursday 6:00 PM deadline, I must call to see if there is still room, if so, **I will pay a late fee.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand the guidelines should I arrive past closing time to pick up my child.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Braham Area Schools has/does not have (circle one) my permission to take pictures, or videotapes of my child at their school age care program to use as promotion of this service.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_