

## BASK Registration Form

Form must be completed in full or it will be returned. **Completed forms and the registration fee must be in the office 5 days prior to the start of service**

<b>Parent/Guardian Information</b>		
Names(s):		
Address:		
Phone #'s <b>Home:</b>	<b>Work:</b>	<b>Cell:</b>
Email Address:		
<b>Emergency Contact Information</b> (listed person must be able to arrive within 20 min. of call)		
Emergency Contact Person 1:		
Home #:	Cell #:	
Emergency Contact Person 2:		
Home #:	Cell #:	
Others approved to pick up my child:		

<b>Child's Name:</b>	<b>DOB:</b>	<b>Age:</b>
Grade:	Teacher:	Bus #:
Does your child have any allergies? No Yes, Explain		
Is your child on a special diet? No Yes, Explain		
Does your child have any health or social concerns BASK staff should be aware?		
What special needs (if any) should be addressed to ensure this child is successful in our program?		

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

I hereby give permission for the supervising staff to call in the event of a medical emergency:	
<b>Physician's Name:</b>	<b>Phone #:</b>
Address:	
<b>Dentist Name:</b>	<b>Phone #:</b>
Address:	
Will your child need to take medication regularly during BASK?      Yes      No	
If yes, name of medication: _____ administered for: _____	
<b>Medication cannot be administered without written permission from a physician and parent/guardian. Medication must be correctly labeled.</b>	

**Youth Signature Required**

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

Youth Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature Required**

I give permission for my child to attend scheduled activities with the Program Staff that may include walks to local sites and parks in Braham. 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. I understand the process for reserving and paying for the program. If I miss the Thursday 6:00PM deadline, I must check to see if there is still space available. If so, I will pay a \$5.00 late fee. I understand the guidelines should I arrive past closing time to pick up my child. Braham Area School 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: \_\_\_\_\_