



“BASC” (Before and After School Care) 2020 – 2021 Application

(All Information On This Form Is Strictly Confidential)

# 1 - Child's Name _____	Grade _____
Date of Birth: Day _____ Month _____ Year _____	
# 2 - Child's Name _____	Grade _____
Date of Birth: Day _____ Month _____ Year _____	
# 3 - Child's Name _____	Grade _____
Date of Birth: Day _____ Month _____ Year _____	

Home Address _____
 Postal Code _____ Home Phone # _____

Mother Name _____
Cell # _____
Place of Work _____
Phone # _____
E-mail _____

Father Name _____
Cell # _____
Place of Work _____
Phone # _____
E-mail _____

EMERGENCY INFORMATION

If necessary, in the event that I am not available, the staff of St. Charles has my permission to seek medical attention for my child/children:

Parent signature _____

Child(ren)'s Doctor _____ Phone # _____

Address _____ Medical # _____

Personal (PHIN) #1 _____ #2 _____ #3 _____
(9 Digit # on back of card)

Is there any medical information that may affect your child in the program (allergies, illnesses, injuries, etc.) _____

If you are separated or divorced, may the child's other parent visit the child, pick them up from BASC? Yes No * * If No, have you an injunction or court order? Yes No

Person(s) Authorized To Pick Up My Child(ren) From BASC

The following persons are authorized to pick my child(ren) up from BASC:

Name _____	# _____	Relationship to child _____
Name _____	# _____	Relationship to child _____
Name _____	# _____	Relationship to child _____
Name _____	# _____	Relationship to child _____
Name _____	# _____	Relationship to child _____