



BASC (Before and After School Care)

2015 – 2016 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 _____ | |
| # 4 -Child's Name _____ | Grade _____ |
| Date of Birth: Day _____ Month _____ Year _____ | |

Home Address _____

Postal Code _____ Home Phone # _____

Other children in the family(name & age) _____

Mother Name _____

Cell # _____

Address: Same as above or _____

Place of Work _____

Work Phone # _____

E-mail _____

Father Name _____

Cell # _____

Address: Same as above or _____

Place of Work _____

Work Phone # _____

E-mail _____

EMERGENCY INFORMATION

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

Parent signature _____ Parent signature _____

Child(ren) Doctor _____ Phone # _____

Address _____ Medical # _____

Personal (PHIN) #1 _____ #2 _____

(9 Digit)

#3 _____ #4 _____

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In a case of emergency, every attempt will be made to contact the parents. It is necessary, however, to have another person whom we can contact if parents are not available.

Contact Person _____ Relationship to child _____

Phone # _____ Address _____

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

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

Describe your child(ren) (dispositions, interests, fears, ways of coping)

I will need care: Only Before School Only After School Before & After School
 Occasional Care In-service Days Only

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

The following persons are authorized to pick my child(ren) up from the Before & After School Care (BASC) program:

Name _____ # _____ Relationship to child _____

Name _____ # _____ Relationship to child _____

Name _____ # _____ Relationship to child _____

Name _____ # _____ Relationship to child _____

For Office Use Only: Returned to Parent for Completion Application Complete

Field Trip Waiver BASC Program Policies

Date Received: _____