



# St. John the Baptist Catholic School

## Before- and After-School Enrichment (BASE) Program Registration

### 2019-2020 Academic Year

Parent/Guardian Contact Information		
Parent/Guardian 1		
Name:	Email:	Mobile Phone:
		Home Phone:
Address:		
Parent/Guardian 2		
Name:	Email:	Mobile Phone:
		Home Phone:
Address:		

Students												
Student Name	Gender (M/F)	Birthdate	Anticipated Days and Times (select all that apply)									
			Mon.		Tues.		Wed.		Thurs.		Fri.	
			AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Before-School Care:        7:00 – 8:45 AM (\$7/day per child)  
 After-School Care:        3:30 – 5:30 PM (\$8/day per child)

This information will be used to help plan our program. It is not a formal commitment.

## Transportation

The following people are authorized to pick up my child(ren):

Father (as listed above)

Mother (as listed above)

Others (list below)

Name	Mobile Phone	Home Phone	Relationship to Child(ren)

## Preferred Activities

What activities would you prefer your child(ren) undertake during BASE (select all that apply)?:

Completing Homework

Free Play

Working on Projects

Other (specify):

## Emergency and Medical Information

The following people can be contacted in an emergency if the parents cannot be reached:

Name	Mobile Phone	Home Phone	Relationship to Child(ren)

Primary Physician(s)

Name	Clinic Name and Location	Phone

List medical information that the school should be aware of (e.g., allergies):

## Additional Information That May Be Helpful for Our Administrators and Teachers