B.A.S.I.C.S. (Before and After School in Care Services)

ENROLLMENT FORM

Student Name (s) *

First Name Last Name First Name Last Name First Name Last Name First Name Last Name

Parent Name(s) *

First Name Last Name First Name Last Name

Parent email *

example@example.com example@example.com

Parent Phone Number *

Estimated Days and Times: *

I agree to the terms and conditions of the B.A.S.I.C.S program and allow access to the emergency contact forms and medical information kept on file and in school office. I understand that the only authorized adults who can pick up my child(ren) are those indicated on the emergency form.

Signature

Date

Month Day Year

Please turn into office upon completion.