



Before and After School Individual Care Registration 2018-2019



Family Name: _____

Registration Information:

*Email: _____ Home Address _____

*** Important note: Monthly billing statements will be sent to this email along with pertinent BASIC communication. Please provide us with an email address that is checked regularly.**

<u>Child</u>	<u>Name & Grade</u>	<u>Child</u>	<u>Name & Grade</u>
(A)	_____	(C)	_____
(B)	_____	(D)	_____

Parents or Guardian Information:

	Name (First & Last)	Home Phone	Cell Phone	Work Phone
Mother				
Father				
Guardian or Other				

Parent's Marital Status Married Single Divorced Other: _____

Persons (including parents) authorized to pick up the child(ren):

Name	Relationship to Child	Best Contact Phone #	Emergency Contact?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

******* Please note any custody arrangements or restrictions; attach p/u schedule if applicable.**

Please list other information that we should be aware of such as food/drug allergies, foods to avoid, special or behavioral needs. PLEASE BE SPECIFIC:

I give my permission for staff of Holy Family School to seek treatment, in the case of an emergency, for my child. My preferred hospital is _____ but I understand that in the event of an emergency, another hospital may have to be utilized.

Parent or Guardian signature here

Date

An annual registration fee of \$25 per family is required.

I have enclosed a \$25 (check or cash) for my family's annual B.A.S.I.C. registration fee.

Make checks out to GRACE