

**HOLY ROSARY CATHOLIC SCHOOL
BEFORE AND AFTER SCHOOL PROGRAM (BASP)
REGISTRATION FORM**

Dear Parents/Guardians,

Holy Rosary Catholic School's Before and After School Program (BASP) is dedicated to providing a quality program that is safe and in a familiar environment. It is offered as a service to our families.

All families must complete and return this form even if you will not be using this service. We must have this form on file in the event of an unforeseen delay in pick up after school. There is a \$40.00 registration fee per family for the school year for families **who use this service**. Do not send in your \$40.00 registration fee at this time. The registration fee will be billed and paid through your online FACTS account. Once you have completed the registration form and checked "Yes" that you will be using the program, your FACTS account will be billed the \$40.00 registration fee. All monthly billing will be emailed to you through FACTS and your payments will be made through FACTS. BASP personnel do not handle your payments directly.

Do you intend to use the BASP Program? Yes _____ No _____

Below are the daily rates for BASP:

MORNINGS (7:00 a.m. – 7:30 a.m.) Rates are \$3.00 per day used/per child

AFTERNOONS (School dismissal – 6:30 p.m.) Rates are \$13.50 per day used/per child

There is a \$1.00 per minute – per child for late pick up after 6:30 p.m., or early arrival before 7:00 a.m. This is paid directly to the BASP staff.

Family Name

Student(s) Name and Grade

(OVER)

PLEASE COMPLETE ALL INFORMATION ON THE REVERSE SIDE

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Student's Name (first and last) Sex Date of Birth Grade Allergies

1) _____

2) _____

3) _____

4) _____

Mother/Legal Guardian's Name Work Place and Phone Cell # Home Ph. #

Father/Legal Guardian's Name Work Place and Phone Cell # Home Ph. #

Email Addresses Mother/Legal Guardian Father/Legal Guardian

In the event of serious illness or accidental injury and the parent or guardian cannot be reached, contact the following individuals. They are authorized to take whatever action is necessary for the well-being of my child. I authorize the release of my child to them.

1) _____
Name Phone# Relationship Address

2) _____
Name Phone# Relationship Address

3) _____
Name Phone# Relationship Address

Physician's Name and Phone # Hospital Preference and Phone #

Name of three persons authorized to pick up your child in the event you cannot be reached.

Name Phone # Address Driver's License #

Name Phone # Address Driver's License #

Name Phone # Address Driver's License #

An early arrival fee of \$1.00 per minute, per child will be charged for anyone who comes before 7:00 a.m. A late fee of \$1.00 per minute, per child will be charged for anyone picked up after 6:30 pm. This fee is paid directly to the BASP staff on the day the charges are incurred.