



Before and After School Program (BASP) Registration Form 2023-2024 School Year

Student's Name _____ Grade _____
(Last name) (First name)

Student's Name _____ Grade _____
(Last name) (First name)

Student's Name _____ Grade _____
(Last name) (First name)

Student's Name _____ Grade _____
(Last name) (First name)

Father _____ Home Tel. _____ Cell _____
Employer _____ Business Tel. _____ Email _____

Mother _____ Home Tel. _____ Cell _____
Employer _____ Business Tel. _____ Email _____

Program Selection

☐ Morning Drop-In: 7:00 - 7:30 a.m.

☐ Five (5) day/week Afternoon ☐ Three (3) fixed days/week Afternoon ☐ Drop-In

Please check your choice of the three specific days per week for the three-day afternoon program.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

In the event of illness or injury to my child/children, which in the judgment of St. Martha Catholic School staff requires emergency treatment, Houston EMS will be called. The EMS will determine if your child is to be transferred to a hospital emergency room. Parents will be contacted immediately.

I hereby release the St. Martha Before and After School Program from any claim arising out of the doctor's actions. All medical expenses shall be the parent's responsibility. _____ (Initial)

HEALTH AND/OR EMERGENCY PICK-UP CONTACTS: Please list the name and phone number of two people who may be contacted in case of emergency or illness when the parent or guardian is not available. These people should live in the vicinity of the school during the hours that the Before and After School Program is in operation.

Name: _____ Phone: _____ Relationship to Child: _____

Name: _____ Phone: _____ Relationship to Child: _____

Your child will only be released to the emergency contacts listed. Any changes in the Emergency Contacts must be submitted in writing to BASP@stmarthacs.org and updated in the Family Portal. Changes over the telephone will not be accepted. I plan on starting this program starting on : _____ (Date)