



B.A.S.E. REGISTRATION FORM

Child's Name _____ GRADE _____

Child's Date of Birth _____ Age as of September _____

Home Address _____

Town _____

Home Phone Number _____

Mother's Name _____

Cell Phone Number _____

Name of Employer/Occupation _____

Work Number _____

Father's Name _____

Cell Phone Number _____

Name of Employer/Occupation _____

Work Number _____

Please list on reverse side any allergies/physical problems your child may have. Keep in mind the school nurse is NOT on duty during B.A.S.E. In the event of any medical emergency we will contact 911 and notify parents immediately.

One time Registration Fee- \$20 per family

EMERGENCY CONTACT INFORMATION IN THE EVENT OF EMERGENCY, IF YOU ARE NOT AVAILABLE.

Name _____ cell _____

Phone Number(s) _____ cell _____

Relationship to child _____

Name _____

Phone Number(s) _____ cell _____

Relationship to child _____

Pick up Instructions

Please check all applicable:

_____ I will pick up my child.

_____ My child will be picked up by _____

Or _____ or _____

Other _____

Please list on the **Release Information form** (find at end of this form) anyone you authorize us to release your child to. We strongly suggest naming several people in the event of inclement weather or transportation issues. Please include their full name, cell phone number and their relationship to your child,

WE APPRECIATE YOUR PROMPT ***RETURN OF THE ABOVE INFORMATION and RELEASE FORM.*** THIS IS VITAL FOR US TO HAVE AS THE SCHOOL OFFICE IS CLOSED DURING THE HOURS OF B.A.S.E. IT IS FOR THE SAFETY AND WELFARE OF YOUR CHILD. WE APPRECIATE YOUR UNDERSTANDING OF THIS.

One time Registration Fee- \$20 per family

RELEASE INFORMATION FOR B.A.S.E.

Name: _____

Telephone number (cell) _____

Relationship to student: _____

Name: _____

Telephone number (cell) _____

Relationship to student: _____

Name: _____

Telephone number (cell) _____

Relationship to student: _____

Name: _____

Telephone number (cell) _____

Relationship to student: _____

Name: _____

Telephone number (cell) _____

Relationship to student: _____

One time Registration Fee- \$20 per family