

**Blessed Sacrament School**  
**B.A.S.E. - Before & After School Enrichment**  
**Registration & Information Form**

<b>ENROLLMENT FEE MUST BE PAID AT REGISTRATION</b>	
\$ _____	\$25 individual student
check # _____	\$35 per family

Name of Student	Birthdate	Gr	Rm

Allergies or medical conditions / Name of student \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Father's name \_\_\_\_\_

Father's Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_ Other \_\_\_\_\_

Other Authorized Pick-up – (Individuals may be asked to show a driver's license for identification purposes.)

Name	Relationship to Child	Phone Number(s)

The school office should be contacted if any changes need to be made to this list.

All statements will be emailed, unless other arrangements are made.

Email address - \_\_\_\_\_

Home address for mailing invoices/tax documents (if left blank, documents will go to the school's primary contact on file):

**I have read the handbook established for the Blessed Sacrament B.A.S.E. Program, and I agree to follow these guidelines. The handbook can be found online at [bssbruins.org](http://bssbruins.org). We understand that the failure to abide by these rules may result in dismissal from the B.A.S.E. Program.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signatures \_\_\_\_\_  
 \_\_\_\_\_