

# John Paul II Academy Before and After School Care Program

## Family Information

Family name: \_\_\_\_\_  
1st Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
2nd Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
3rd Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Mothers Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

People Authorized to pick up your child(ren):

Name:	Phone:	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contacts other than Parent or Doctor:

Name:	Phone:	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person(s) with legal custody of child(ren): \_\_\_\_\_  
Please list any circumstances/ situations the BASC should be aware of. (An example would be non-custodial parent issues.) \_\_\_\_\_  
\_\_\_\_\_

Health Concerns/ Allergies/ Medications:  
\_\_\_\_\_  
\_\_\_\_\_

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

## BASC Schedule of Care

The Before and After School Center 2015-2016 hours of operation are from 6:30 to 7:10 am and 2:25 to 6:00 PM. Center opens with the first day of school.

Family name: \_\_\_\_\_

List the child's approximate arrival and departure times. Please be as accurate with this schedule as possible.

	Before School Hours (6:30-7:10)	After School Hours (2:25-6:00)
1st Child	Monday: _____ to _____	_____ to _____
	Tuesday: _____ to _____	_____ to _____
	Wednesday: _____ to _____	_____ to _____
	Thursday: _____ to _____	_____ to _____
	Friday: _____ to _____	_____ to _____

2nd Child	Monday: _____ to _____	_____ to _____
	Tuesday: _____ to _____	_____ to _____
	Wednesday: _____ to _____	_____ to _____
	Thursday: _____ to _____	_____ to _____
	Friday: _____ to _____	_____ to _____

3rd Child	Monday: _____ to _____	_____ to _____
	Tuesday: _____ to _____	_____ to _____
	Wednesday: _____ to _____	_____ to _____
	Thursday: _____ to _____	_____ to _____
	Friday: _____ to _____	_____ to _____

# Family Agreement

## Sign In/ Out Procedure:

- 1) Upon arrival, students must walk into the BASC/Gym and make certain the Staff knows he/she is there. A parent or previously designated adult must walk into the BASC/Gym to sign out a child(ren). A signature from a previously designated adult is required to release a child. Please do not be offended if identification is requested at any time.
- 2) To ensure the safety of your children a BASC staff member will sign in all students.
- 3) Parents are expected to arrive no earlier than 6:30 AM and to be picked up at or before the closing time of 6:00 PM. If you know that you are going to be late, it is your responsibility to contact your "Emergency" person. There will be an overtime charge of \$15 in addition to your regular monthly fee for child(ren) picked up between 6:00 and 6:15 PM. There will be additional overtime charges of \$10 for each 15 minutes or portion thereof after 6:15 PM. More than 2 late pick-ups can result in termination of your child's enrollment of BASC.
- 4) For safety of your child(ren), please, either by phone or note, let us know when your child will not be attending a scheduled day at BASC. A child cannot be released without signature. If a person who is not an authorized person comes to pick up a child(ren), that child(ren) will not be released. They will have to be added to your child's pick up list before your child(ren) will be released to them.

## Billing Information:

Responsible parent for Billing: \_\_\_\_\_

In cases of dual parenting please list details of other parties responsible for payments:

\_\_\_\_\_  
\_\_\_\_\_

*Please note all payments and billing questions should be directed to the School Bookkeeper and will remain confidential.*

## I agree to the following:

- 1) I the Parent/ Guardian will inform the Director of any changes in the following:  
Address, Phone numbers, Emergency Information, or any changes in family situations.
- 2) I have read all the policies/ procedures outlined in the BASC brochure and agree to follow them. I understand that these policies are a necessary ingredient for an effective program.

Signature of Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_