

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

ENROLLMENT FEE MUST BE PAID AT REGISTRATION
 \$ _____ \$15 per student
 check # _____ or \$30 per family

Name of Student	Gr	Rm

Allergies or medical conditions / Name of student _____

Please ☆ the primary contact & pick-up person(s) –

Father's name _____

Cell phone _____ Work phone _____ Other _____

Mother's name _____

Cell phone _____ Work phone _____ Other _____

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

Email address - _____

I have read the handbook established for the Blessed Sacrament B.A.S.E. Program, and I agree to follow these guidelines. 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 _____
