

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

ENROLLMENT FEE MUST BE PAID AT REGISTRATION
 \$ _____
 check # _____

Name of Student	Gr	Rm

Allergies or medical conditions / Name of student - _____

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

Father's name _____

Home phone _____ Work phone _____ Cell phone _____

Mother's name _____

Home phone _____ Work phone _____ Cell phone _____

Emergency contact _____ Relationship to child _____

Home phone _____ Work phone _____ Cell phone _____

Other Authorized Pick-up –

Name	Relationship to Child	Phone Number(s)

(Individuals may be asked to show a driver's license for identification purposes.)

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

Parent Signature _____ Date _____