

High Mount School District #116
Before and After School Instructional Care
Information Form

Child's Full Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Birthday: _____ Sex: _____ Grade: _____

Father or guardians' name: _____ Home phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Address: _____ Phone: _____

Mother or guardian's name: _____ Home phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Address: _____ Phone: _____

Marital Status of Parents: Married ___ Not Married ___ If NOT married, who has custody of child? _____

I authorize the following adult(s) to pick up my child/children from B.A.S.I.C. services:
(CHILDREN WILL NOT BE RELEASED TO ANYONE NOT LISTED ON THIS FORM)
Teenage children may not pick up siblings. Be sure to list yourself.

Parent/guardian: _____ Phone: _____ Relationship: _____

Parent/guardian: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

(OVER)

EMERGENCY MEDICAL INFORMATION

Student(s) Name _____

Special health conditions of student(s): (seizure disorder, diabetes, allergic to stings, asthmatic, food allergies or dietary restrictions, restrictions to activities, etc)

Medications: _____

Physician of choice: _____ Phone: _____

Dentist of choice: _____ Phone: _____

Hospital of choice: _____ Phone: _____

If you and the physician of choice, as indicated above, cannot be reached in an emergency and if in the judgement of the program authorities, immediate medical and/or hospital attention is needed, including ambulance service, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician and accept the fees involved? YES___ NO___

Signature of parent/guardian _____

Date _____

Attendance schedule

___ AM Care Mon., Tues., Wed., Thurs., Fri.

___ PM Care Mon., Tues., Wed., Thurs., Fri.

Please indicate above the days that you want your child to attend. These times will help the staff to prepare activities based on anticipated group size, and are not binding. Please note that pick up time is not to exceed 6:00p.m.. On days where changes are made in the normal routine, **PLEASE SEND A NOTE OR CALL LATCHKEY AT 233-1054 EXT. 207.**

The fee schedule is attached. Please indicate below if you will be paying the weekly price or the monthly price. Payments are due every Friday before the new week begins. Upon registering your child a \$15.00 registration fee is due.

Weekly price _____ OR monthly price _____