



BEFORE AND AFTER SCHOOL CARE APPLICATION

Date Application Received _____ Application Fee Received _____

Student 1st day of BASC Attendance _____ Campus Denver Lincolnton

Circle one: Before School **Only** After School **Only** Before **and** After School
(Availability) (Lincolnton only) (Lincolnton/Denver) (Lincolnton only)

Student's Full Name _____
(circle preferred name) Last First Middle

Date of Birth _____ Grade _____

Home Street Address _____

Parent/Guardian Name & **Phone number(s) after 3:00 p.m.** _____

Parent/Guardian Name & **Phone number(s) after 3:00 p.m.** _____

Student's Primary Language _____

Food and/or environmental allergies _____

Other medical conditions _____

Doctor's name and phone number _____

Persons who have permission to drop off/pick-up this student and numbers where they can be reached:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I agree to the terms set forth on the Before and After School Care information sheet. I agree to pay for BASC services no later than 1 week following the service delivery. I understand that my child is eligible for enrollment in the BASC program if space is available. I attest that the information provided on this form is accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____