



Registration for School Year 2023-24

_____ Yes, my child will be attending School Year BASE

ONLY new students enrolling in BASE need to fill out the enrollment information.

If you have a returning student, please notify BASE Director of any change of information.

Child/ren Name _____

Parent/Guardian Name _____

Mom's Phone Number _____

Dad's Phone Number _____

Address _____

Email address (mom) _____ (dad) _____

I would like my child/ren to be on a ...

_____ Full Time Contract (Mornings and Afternoons) \$56/week/child

_____ Mornings only Contract-\$27.00/week/child

_____ Afternoons only Contract-\$40.00/week/child

*Enclose a Non-refundable registration fee in the amount of \$10.00 **per child** with this form*

Office Use Only

\$10.00 Registration Fee ____ Check Number _____

Date Received _____

DATE DUE is August 11, 2023

Sioux Valley BASE

2023-24 School Enrollment Form

Today's Date _____

Childs Name	Age	DOB	Gender	Grade	Teacher

Parent(s) or guardian(s) with whom child resides:

Mother

Name _____ Address _____ phone _____

Employer _____ Address _____ phone _____

Father

Name _____ Address _____ phone _____

Employer _____ Address _____ phone _____

Other children in family (include names and ages):

Email addresses for BOTH parents:

Mom _____

Dad _____

Departure Procedures: Please indicate what the departure procedure will be for your child (example: wait to be picked up by parent or authorized person, etc.). If a change in this procedure is to be made at a later date, you must inform the director in writing of any new instructions.

Request departure/pick-up procedure:

Persons Authorized to pick up your child:

Any changes in this list must be received from you in writing.

1. _____ Phone _____ 3. _____ Phone _____

2. _____ Phone _____ 4. _____ Phone _____

****NOTE:** Please notify the BASE program director of any special circumstances relating to persons who are **NOT** authorized to pick up your child.

Emergency Numbers: Please give the name, address, and phone number of two people that may be notified in case of an emergency or illness, when a parents or guardian are not available. These people should live close to Volga. Please provide a phone number where these people may be reached during program hours.

Address _____ Phone _____

(Name and relation to child)

Address _____ Phone _____

(Name and relation to child)

Child/rens Physician:

Name _____ Clinic/Hospital Name _____

Doctors Office Phone _____

Are there any health problems/allergies that would restrict your child's participation in program activities?

If yes, please explain: _____

Emergency Medical Release

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the program staff to act on my behalf to grant permission for my child to receive emergency treatment.

Date Signature of parent or guardian

Photographic Permission

I DO I DO NOT (circle one) give permission to have my child appear in social media coverage approved by the Sioux Valley Before and After School Enrichment program. I understand that the Program Director has been given authority by the school board to determine appropriate requests.

Date Signature of parent or guardian

Parental Release Form

I hereby give permission for my child/ren to take part in all activities of the Sioux Valley Before and After School Enrichment program, including the transportation to and from activities, and release the program of responsibilities other than reasonable care. I also authorize the BASE program director to obtain a copy of my child/rens immunization records from authorized school personnel.

In consideration for allowing the Sioux Valley Before and After School Enrichment program to utilize the facility of Sioux Valley School, the undersigned specifically releases the said school from any and all liability or claim due to my child's presence on the premise of said program.

As a parent or guardian, I hereby authorize the program staff to carry out any measures deemed necessary should an emergency occur, including securing, at the expense of the undersigned, appropriate medical treatment for the child, and hereby release the Sioux Valley Before and After School Enrichment program, their agents and employees, from any and all liability or claim arising out of the child's engagement in the above program.

Date Signature of parent or guardian

I will be paying a flat rate fee for a full time or part time contract for my child/ren to attend the Sioux Valley Before and After School Enrichment program. I agree to accept financial responsibility for my childcare bills. I understand changes in this contract can be made with at least two-week notice to the program director in writing. If I become three payments behind, I understand that my child will no longer be able to attend BASE, until the bill is paid in full and a new semester begins. Medical leaves of absence, work schedule changes, maternity leave etc., are some examples that validate a need for attendance changes.

Person responsible for payment:

Name _____ Address _____ ZIP _____ phone _____

Date Signature of parent or guardian