

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

ENROLLMENT FEE \$ _____ check # _____

Children's Full Names: _____ Grade ____ Room ____ Days Attendance M T W T H F
Circle regular attendance days
_____ Grade ____ Room ____ Days Attendance M T W T H F
_____ Grade ____ Room ____ Days Attendance M T W T H F

Allergies or medical conditions (name & condition):

Father's full name _____

Home phone _____ Work phone _____ Cell phone _____

Mother's full name _____

Home phone _____ Work phone _____ Cell phone _____

The following individuals may pick up my child(ren) on days I cannot be present. The individual may be asked to show a driver's license for identification purposes.

Name of Person	Phone #
1. _____	_____
2. _____	_____
3. _____	_____

4. _____

5. _____

6. _____

Bills should be sent to -

Name _____

Address _____

City _____ **Zip** _____

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 _____