_____
Student ID #

BASE
BEFORE AND AFTER SCHOOL ENRICHMENT

AM Program   Kinder

PM Program   TK Program
*Please check all that apply

School Site Name: _____
BASE Programs Membership Application
2020-2021 School Year

_____   _____   _____
Student's Full Name (First, Middle, Last)   Birthdate   Grade (Fall 2020)   Male   Female

_____   _____
Home Address (City, State, Zip)   Home Phone Number

_____   _____
Primary Email Address   Secondary Email Address

_____   _____
Father/Guardian Full Name (First, Middle, Last)   Father/Guardian Primary Phone Number

_____   _____
Father/Guardian Employer   Father/Guardian Employer Phone Number

_____   _____
Mother/Guardian Full Name (First, Middle, Last)   Mother/Guardian Primary Phone Number

_____   _____
Mother/Guardian Employer   Mother/Guardian Employer Phone Number

_____   _____
Emergency Contact #1 (other than parent)   Emergency Contact #1 Phone Number

_____   _____
Emergency Contact #2 (other than parent)   Emergency Contact #2 Phone Number

My student is currently: Special Education (IEP)   On a 504 Plan   Has an IEP

_____
If yes, please list any information to assist the support of your student

My student has medical conditions and/or allergies: Yes   No

_____   _____
Please list all medical conditions and/or allergies   Please list all medications

_____   _____
Parent Signature   Date

*THIS IS AN INITIAL APPLICATION. ADDITIONAL DOCUMENTS ARE REQUIRED FOR REGISTRATION
   Please send completed application to corresponding BASE Programs school site (listed on website)