

E.G.King Before & After School Program Application 2020-2021

Please print legibly; complete all sections front and back

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Student Information (one application per child)

Student Name: (first, last)	Date:
Address:	
Date of Birth:	Gender: Male Female
Language spoken at home:	Grade:
New to King Elementary? Yes No	Teacher:
Siblings also applying to the program (Names): (one application must be filled out for each child)	Program Requested: AM PM Both

Parent/Guardian Information

Name:			Name:		
Address:			Address:		
City:			City:		
Home #	Work#	Cell #	Home #	Work #	Cell #
Email:			Email:		

Emergency Contact and Sign Out Information

If BASP Staff are unable to get in contact with the Parents/Guardians listed above, they will contact individuals in the below in the order listed. The following people, including parents/guardians, are authorized to sign the student out of the program.

ANYONE SIGNING OUT A STUDENT MUST BE PREPARED TO SHOW PICTURE ID!

	Name	Relationship to child	Phone Number	Preferred Language
1				
2				
3				
4				
5				
6				

Are there any custody or restraining orders for persons who may attempt to pick up or have contact with the child while in the program? No Yes (Any applicable paperwork must accompany this application)

Name _____
Name _____

Days & Reasons my child will not be attending the program. Please let us know if they are A schedule or B

schedule: (EX. Wednesdays for Scouts or Tuesdays for piano)

Parent/Guardian Employment Information (with whom the child resides):

Parent Name:	Parent Name:
Employer:	Employer:
Work Address (Include City):	Work Address (Include City):
Supervisor:	Supervisor:
Supervisors phone #:	Supervisors phone #:
Work Hours:	Work Hours:

Child's Medical History

Please write none if your child has no medical problems.

Allergies (food, medications, bees, etc.) _____

Chronic or recurrent illness or diseases (asthma, seizures, diabetes, etc.) _____

Does your child take medication for this condition? Yes No

If yes, please state name and dosage _____

Will medication need to be given during program hours? Yes No

If yes, how and when is it to be given? _____

(Proper paperwork must be filled out by a doctor- forms can be obtained in the office)

Emergency Release

I authorize the provision of emergency treatment if the above child becomes ill or injured while under program care. I understand that an ambulance may be called and my child may be transported by ambulance if needed.

Parent/ Guardian Initial _____

Video/Picture Release

I give permission to have my child appear in candid pictures and any media coverage approved by the program.

Parent/ Guardian Initial _____

Travel Release

I give permission for my child to leave the school for field trips and release the Before and After School Program of any liability. I understand there may be walking field trips or bus trips.

Parent/ Guardian Initial _____

Financial Agreement

I agree to pay tuition to the before and after school program on time. Tuition is due by the first Friday of each month. Late charges may apply. I understand that there will be late fees if my child is picked up late.

Parent/Guardian Initial _____

Please describe why your family needs this program: _____

Please describe any further information that will be helpful in understanding and caring for your child: _____

I give my child permission to attend the program. I release the program from any and all liability. I understand it is my responsibility to sign my child IN to the before school program and OUT of the after school program. My child and I have read and understand the parent handbook and agree to the terms stated in it in order to provide a safe and fun environment for all students. We also understand that failure to comply with the policies and rules may result in dismissal from the program.

Parent/ Guardian Signature _____ Date _____

Questions? Call the program at (801) 402-2127 or cell phone (801) 510-1415 and leave a message.