BASCOL 2023-2024 SCHOOL YEAR REGISTRATION PACKET

***Submission of this form is not a guarantee of enrollment. Registration cannot be processed until all paperwork is complete & returned to the BASCOL Office.

There is a minimum 10-14 business day processing period before your child may begin.***
A parent meeting may be required prior to completion of enrollment to discuss accommodations.

CHILD'S NAME Nickname	e (lf any)
CHILD'S NAME Nickname Birth date Age Gender: M of	pr F
School Child's Grade as of Sept. 2023: Classroom	Teacher
Schedule–Circle one: AM PM BOTH or SH	
Days—Circle all that apply: M T W H F Desired Start Da	ite://
In order to provide your child with the best services possible please let description, if your child has any of the following conditions: (Please cir Yes or No Asthma*	us know, along with a brief cle yes or no for each)
	*No medication needed
	while at BASCOL. I understand that in the
Yes or No Sensitivities or Intolerances Yes or No Diabetes	event of an emergency 911 will be contacted.
Yes or No Epilepsy or Seizures	(Dr. note may be required)
Yes or No Takes Regular Medication	
Yes or No Allergic to Medications	Parent Signature
Yes or No ADD/ADHD	
Yes or No Court/Custody Issues (if yes please attach a copy of court/custody page **Court Orders must be provided to the BASCOL Office to legally prevent a parent from having ac	pers) cess to and/or picking up a chila**
Yes or No Receives services at school (speech, OT, PT, etc.) has IEP, 504 plan	n, or behavior plan.***
Please explain and attach copy of plan.	
Yes or No Is your child able to successfully participate in a program with 1 ad	ult per group of 10 children?
Yes or No Other (Please explain)	
4th Child Information	
CHILD'S NAME Nickname Birth date Age Gender: M of	e (lf_any)
	or F
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