

BASCOL 2024-2025 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.

3rd Child Information

CHILD'S NAME _____ Nickname (If any) _____

Birth date _____ Age _____ Gender: M or F

School _____ Child's Grade as of Sept. 2024: _____ Classroom Teacher _____

Schedule—Circle one: AM PM BOTH or SHO PLUS*

Days—Circle all that apply: M T W H F Desired Start Date: _____ / _____ / _____

In order to provide your child with the best services possible please let us know, along with a brief description, if your child has any of the following conditions: (Please circle yes or no for each)

Yes or No Asthma* _____

Yes or No Diagnosed Allergies* _____

Yes or No Sensitivities or Intolerances _____

Yes or No Diabetes _____

Yes or No Epilepsy or Seizures _____

Yes or No Takes Regular Medication _____

Yes or No Allergic to Medications _____

Yes or No ADHD (list accommodations) _____

Yes or No Court/Custody Issues (if yes please attach a copy of court/custody papers)

Court Orders must be provided to the BASCOL Office to legally prevent a parent from having access to and/or picking up a child

Yes or No Receives services at school (speech, OT, PT, etc.) has IEP, 504 plan, 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 adult per group of 10 children?

Yes or No Other (Please explain) _____

*No medication needed while at BASCOL. I understand that in the event of an emergency 911 will be contacted. (Dr. note may be required)

Parent Signature

4th Child Information

CHILD'S NAME _____ Nickname (If any) _____

Birth date _____ Age _____ Gender: M or F

School _____ Child's Grade as of Sept. 2024: _____ Classroom Teacher _____

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Days—Circle all that apply: M T W H F Desired Start Date: _____ / _____ / _____

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Parent Signature