

**Gobles Public Schools BASE Program
Family Registration Form**

Primary Contact:

Name _____ **Phone** _____ **Email** _____

***BASE staff will use email or text for reminders or general updates and non-emergency communication**

Father/Legal Guardian's Name _____ Cell phone _____
Work Phone _____

Address _____ Zip _____

Father's Work Location When Child is at BASE

Name of Business _____ Phone _____

Mother/Legal Guardian's Name _____ Cell phone _____
Work Phone _____

Address _____ Zip _____
(If different from above)

Mother's Work Location When Child is at BASE

Name of Business _____ Phone _____

Person(s) other than parent to be notified in case of emergency and/or may pick up the child:

1. _____ Phone _____

Name _____ Address _____

2. _____ Phone _____

Name _____ Address _____

3. _____ Phone _____

Name _____ Address _____

I hereby give permission to the BASE program to secure emergency medical and /or emergency surgical treatment for the names of the minor child listed on this form while in the program. Yes ___ No ___

I/We have read the BASE Handbook and understand my/our responsibilities with regard to the program.

I/We hereby enroll my/our child(ren) in the BASE program. Yes ___ No ___

My child(ren) has permission to attend and receive transportation for field trips. Yes ___ No ___

I will provide food for my child's lunch or I will purchase lunch if available. Yes ___ No ___

I authorize my child to play on the school age playground during BASE hours despite not having passed a playground inspection. This is the same playground they use during the school day.

Signature _____

Forms must be filled out completely & a registration check needs to be attached!

BASE Registration – Individual Child Information (One form per child)

Child's Name: _____ Birthdate: _____

Grade: ____ Homeroom Teacher: _____

Child's Physician or Health Clinic _____
Phone _____

Hospital Preferred for Emergency Treatment (Optional) _____

Please list any allergies or behaviors that may be helpful in meeting your child's needs

Please complete the following schedule so we are aware of your intended use of BASE

(You will only be billed for the days and times used)

Normal School Days - Circle Session and Days Needed

AM Session Monday Tuesday Wednesday Thursday Friday

PM Session Monday Tuesday Wednesday Thursday Friday

Half –Days (Students dismissed from classes at 11:30 AM)– Circle Days Needed

September 5, 2017

January 17, 2018

January 18, 2018

January 19, 2018

June 11, 2018

June 12, 2018

June 13, 2018

Early Release Days (Students dismissed from classes at 12:50 PM) – Circle Days Needed

October 10, 2017

November 1, 2017

November 13, 2017

November 16, 2017

December 6, 2017

February 7, 2018

March 7, 2018

March 26, 2018

March 29, 2018

April 11, 2018

May 2, 2018.

It is the parent's responsibility to inform BASE of your child's schedule. Please call the school office at 628-9440, or send an email to: BASE@gobles.org, or leave a voice message on the BASE phone at 628-941 to let BASE know of changes to your schedule.

Physical Health/Immunizations

**This acknowledges that my child _____
d.o.b. _____ who attends the Gobles BASE Program which is a school age program licensed/approved by the Division of Child Day Care Licensing, is in good health. Current immunizations are up to date. Further, any health restrictions, allergies, medications taken by the child, or any other needs are noted below:**

Signature of Parent or Guardian

Date