

K through 8th Grade REGISTRATION ONLY
St. Paul's Lutheran School
Before & After School Child Care Program
2017 – 2018 B.A.S.C.C. Registration Form

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED BY JANUARY 31ST IN ORDER TO ENSURE SPACE. **CHILDREN OF ALL AGES REQUIRE A \$110.00 NON – REFUNDABLE REGISTRATION FEE DUE WITH THE REGISTRATION.**

(PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD)

CHILD'S INFORMATION: (PLEASE PRINT) Grade: _____ (2017 – 2018)

First Name: _____ Last Name: _____ Nickname: _____

Address: _____ DOB: _____ Male or Female

Home Phone: _____ Work Phone: _____ Cell: _____ (Mom or Dad)

PLEASE CLEARLY INDICATE THE TIMES YOUR CHILD WILL USE BEFORE & AFTER SCHOOL CHILD CARE SERVICES THROUGHOUT THE SCHOOL YEAR BY PUTTING (X) IN THE APPROPRIATE BOXES. YOU WILL BE CHARGED FOR WHAT YOU SIGN UP FOR.

K – 8 th GRADE BASCC	BEFORE SCHOOL 7:00 A.M. TO 8:00 A.M.	AFTER SCHOOL 2:55/3:00/3:15 TO 6:00 P.M.
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

B.A.S.C.C. for ½ Days & Holidays ONLY: _____ (FLAT RATE)
 (This rate DOES NOT include unexpected Openings/Closings due to Mother Nature.)

PLEASE INDICATE YOUR CHOICE OF PAYMENT BY CIRCLING YOUR CHOICE:

1. **PAYMENT IN FULL BY AUGUST 1**, to cover the entire cost through the last day of school, with a 4% discount. The 4% discount applies ONLY to payments made on or before August 1, 2017. There is NO processing fee.
2. **THREE MONTHLY PAYMENTS (August, November & February) using a coupon booklet.** Cost \$50.00.
3. **NINE MONTHLY PAYMENTS (August – April) using a coupon booklet.** Cost is \$50.00.
4. **NINE MONTHLY PAYMENTS (August – April) using electronic transfer.** Cost is \$40.00.

NOTE: Each child must have a Health Inventory, Emergency Card and Medical Forms completed and up to date before acceptance into care.

CHANGES: Any changes made to your B.A.S.C.C. schedule after August 1, 2017 will be charged a one-time maintenance fee of \$25.00.

Parent/Guardian _____ initials indicate that you have read and understand the maintenance fee policy.

Parent/Guardian Signature: _____ Date: _____

<u>Office Use Only:</u> Date: _____ Deposit Amt: _____ Check#: _____
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