

2011/2012 B.A.S.E. ENROLLMENT

ST. STEPHEN'S CATHOLIC SCHOOL ♦ 506 JACKSON ST., ANOKA, MN 55303 ♦ (763) 712-7477

To enroll your student(s) in B.A.S.E.(Before and After School Enrichment) please complete the information below and return this enrollment application and a \$25 registration fee (per family) to: St. Stephen's School Office, Attention: Teri King.

PARENT INFORMATION: (please print)

Father

Call First Call Second

Name: _____
Address: _____
City/State/Zip: _____
Home (_____) _____ - _____
Work (_____) _____ - _____
Mobile(_____) _____ - _____

Mother

Call First Call Second

Name: _____
Address: _____
City/State/Zip: _____
Home (_____) _____ - _____
Work (_____) _____ - _____
Mobile(_____) _____ - _____

STUDENT INFORMATION: (please print)

When not at BASE, my student(s) is/are: Parent Pick-up Rides the Bus

Child's Full Name: _____ Male/Female _____
D.O.B. ___/___/___ Grade: _____ Teacher: _____
Allergies: _____ Medications: _____
Special Needs: _____

Child's Full Name: _____ Male/Female _____
D.O.B. ___/___/___ Grade: _____ Teacher: _____
Allergies: _____ Medications: _____
Special Needs: _____

Child's Full Name: _____ Male/Female _____
D.O.B. ___/___/___ Grade: _____ Teacher: _____
Allergies: _____ Medications: _____
Special Needs: _____

EMERGENCY CONTACT INFORMATION: (please print)

Name: _____ Phone: (_____) _____ - _____
Relationship to Student _____

Name: _____ Phone: (_____) _____ - _____
Relationship to Student _____

CARE OPTIONS

AM Mon Tue Wed Thursday Friday
PM Mon Tue Wed Thursday Friday

HEALTH INFORMATION: (please print)

Doctor: _____ Clinic: _____
Phone: _____ Preferred Hospital: _____
Dietary or medical Needs: _____
Other Concerns: _____

The undersigned hereby requests admission for the above named child(ren) and agrees to the fees and policies as set forth by the St. Stephen's BASE Program.

Signature of Parent/Guardian

Date

