

ST.STEPHEN'S SCHOOL  
2009-2010 BASE ENROLLMENT

*All students attending BASE must be enrolled.  
Please complete the information requested below for your child(ren)  
and return this enrollment application to:*

ST. STEPHEN'S SCHOOL  
ATTN: TERI KING, BASE DIRECTOR  
506 JACKSON ST.  
ANOKA, MN 55303  
QUESTIONS, COMMENTS, CONCERNS? CONTACT TERI KING AT : (763) 422-8533

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

(Please list which parent is to be called first)

Work phone(s) \_\_\_\_\_ Cell phone(s) \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Takes the bus? \_\_\_\_\_ Parent pick up? \_\_\_\_\_

Days child(ren) will be using BASE: A.M. Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_  
P.M. Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

Doctor/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Dentist/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Student's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Special needs/additional information \_\_\_\_\_

Student's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Special needs/additional information \_\_\_\_\_

Student's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Special needs/additional information \_\_\_\_\_

Signing this form signifies that you have read and understand the fees, policies and procedures as set forth by the St. Stephen's BASE Program.

\_\_\_\_\_(Signature of Parent/Guardian) Date \_\_\_\_\_