

ST. STEPHEN'S SCHOOL 2010/2011 BASE ENROLLMENT

*All students attending BASE must be enrolled.
Please complete the information requested below for your child(ren),
and return this enrollment application, with your \$25 registration fee 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 _____

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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 _____