**All Saints School**

**Before/After School Care (BASC) Program**

**2022-2023**

**New Payment Structure**

**Before School: $7.00/day After School: $13.00/day. $10.00/day additional child**

**7:00am-8:00am K-6 3:00-5:45pm**

**7:00am-8:45am Preschool**

**A bill is forwarded to each family by email or a paper bill via your child. Cash payments or checks payable to All Saints School are accepted. Bills must be paid in full when received.**

**A snack is provided, but you may place a snack and drink in your child’s lunchbox if you wish.**

**BASC is offered to All Saints students 4 years-6th grade. It operates according to the school calendar.**

**Emergency Phone Number: Before/Afterschool care: Before school - Shelly Maher (607-341-6080)**

 **After school – Theresa Aquilina (917-748-8773)**

**PEASE PRINT THE FOLLOWING INFORMATION AND RETURN TO ALL SAINTS OFFICE**

**The registration fee for the 2022-2023 is $25.00 which will be added to the first bill.**

**STUDENT NAME(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STTREET ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALLERGIES/MEDICAL CONDITIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOTHER’S CELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S WORK#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FATHER’S CELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER’S WORK#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My child will attend BASC: Mon-Fri AM & PM\_\_\_\_\_ On Occasion\_\_\_\_\_\_**

**Mon-Fri AM only\_\_\_\_\_\_ Mon-Fri PM only\_\_\_\_\_\_**