**All Saints School**

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

**2020-2021**

**BEFORE & AFTER SCHOOL ENTRANCE**-Located at the rear parking lot entrance. Please ring the doorbell located next to that door. Push once and wait to hear a click indicating the door has been unlocked. Parents must sign in and out with the time and initials. Children will not be sent to the parking lot.

**New Payment Structure**

**Before School: $6.00/day After School: $11.00/day. $8.00/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: Mrs. Phyllis Reif (607-621-7244)**

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

**The registration fee for the 2020-2021 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\_\_\_\_\_\_**