

Student ID # \_\_\_\_\_



BEFORE AND AFTER SCHOOL ENRICHMENT

AM Program      PM Program

TK/K Program      Other

\*Please check all that apply

School Site Name: \_\_\_\_\_

BASE Programs Membership Application

2021-2022 School Year

\_\_\_\_\_  
Student's Full Name (First, Middle, Last)      Birthdate      Grade (Fall 2021)      Male      Female

\_\_\_\_\_  
Home Address (City, State, Zip)      Home Phone Number

\_\_\_\_\_  
Primary Email Address      Secondary Email Address

\_\_\_\_\_  
Father/Guardian Full Name (First, Middle, Last)      Father/Guardian Primary Phone Number

\_\_\_\_\_  
Father/Guardian Employer      Father/Guardian Employer Phone Number

\_\_\_\_\_  
Mother/Guardian Full Name (First, Middle, Last)      Mother/Guardian Primary Phone Number

\_\_\_\_\_  
Mother/Guardian Employer      Mother/Guardian Employer Phone Number

\_\_\_\_\_  
Emergency Contact #1 (other than parent)      Emergency Contact #1 Phone Number

\_\_\_\_\_  
Emergency Contact #2 (other than parent)      Emergency Contact #2 Phone Number

My student is currently:      Special Education (IEP)      On a 504 Plan      Has an IEP

\_\_\_\_\_  
If yes, please list any information to assist the support of your student

My student has medical conditions and/or allergies:      Yes      No

\_\_\_\_\_  
Please list all medical conditions and/or allergies      Please list all medications

\_\_\_\_\_  
Parent Signature      Date

\*THIS IS AN INITIAL APPLICATION. ADDITIONAL DOCUMENTS ARE REQUIRED FOR REGISTRATION  
Please send completed application to corresponding BASE Programs school site (listed on website)