

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



BEFORE AND AFTER SCHOOL ENRICHMENT

AM Program  AM/PM

PM Program  TK/K

Please check all that apply

## Pre-Registration

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

BASE Programs Membership Application

2022-2023 School Year

\_\_\_\_\_  
Student's Full Name (First, Middle, Last)

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Incoming Grade

\_\_\_\_\_  
Gender

\_\_\_\_\_  
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

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

\_\_\_\_\_  
Mother/Guardian Primary Phone Number

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

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
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.

An email confirmation will be sent when registration is complete