Student Name:		NAD ID#	(office use only)
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Person #1	Last, First, MI			Phone (_	. _		
Person #2	Last, First, MI			Phone				
erson #3 Last, First, MI		Phone	-	· -				
Person #4	on #4 Last, First, MI			Phone		-		
either resp		for any inab	fy the school <i>in writin</i> ility to contact these land			n change	es and BA	
What davs	of the week will v	ou need regu	larly scheduled after-	school care?				
☐ Monda		esday	☐ Wednesday		sday	□ Frid	lay	
e able to p	3:45 - 3 5:01 Pl d that this is in add articipate in the at	dition to tuiti fter-school ca	\$5 first 15 minutes \$10.00 per child, p \$5 first 15 minutes Statement of Underst on and must be paid eare program. o visit or pick-up my	er day and \$2 for everanding ach month to	ensure that	es therea	after	
Signature o	signature of Parent/Guardian				Date			
	ION TO PHOTO mission to photo		otape my child for tl	ne following 1	easons:			
Use photographs on bulletin board, yearbook or other similar us				ises		Yes	□ No	
Use photog	graphs for promot	ional materia	als			Yes	□ No	
	Use photographs on the BAS Website				П	Yes	□ No	
Use photos	graphs on the BAS	s website				105		

otographs and video will never be sold, distributed, or placed on the Internet without written permission							
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