



St. Stephen's Catholic School

B.A.S.E.

The **B.A.S.E.** (**B**efore and **A**fter **S**chool **E**nrichment) program provides a safe, nurturing and fun atmosphere before and after school for children of families enrolled at St. Stephen's School. The **B.A.S.E.** program also provides full day care through the school year on non-school days. **B.A.S.E.** is closed on holidays.

School Year Program Hours:

AM Session:	6:00 am to 7:30 am
PM Session:	After school to 6:00 pm
Non-school Days:	6:00 am to 6:00 pm

Program Fees: (Pre-registration is required for your child(ren) to attend **B.A.S.E.**):

Registration Fee:	\$25.00 (per family, per school year; non-refundable)
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School Day Fee Information:

AM Session:	6:00-7:30am - \$5.00 (breakfast for \$1.00)
PM Session:	After School – 4:00 pm -- \$9.00 per child After School – 5:00 pm -- \$11.00 per child After School- 6:00pm--\$13.00 per child

Non-school Day Fee Information:

All Day:	\$30.00 per child (must be pre-registered)
Drop-in:	\$40.00 per child per day

School Day and Non-School Day Discount Information:

5% discount for three or more children

Summer Adventure Club: Summer Adventure Club. Program details are available upon request.

****Please note- Pre-planning is essential so that we can call in the proper number of staff to care for your child(ren).** Please notify staff when your child will be attending B.A.S.E. If Drop in care without proper notification becomes an issue, it will necessitate that an additional fee be charged.

2017/18 B.A.S.E. ENROLLMENT

ST. STEPHEN'S CATHOLIC SCHOOL

506 JACKSON ST., ANOKA, MN 55303 ♦ (763) 712-7453 ♦ Coordinator Mary Schaeppi: mschaepi@ststephenchurch.org

To enroll your student(s) in **B.A.S.E.** (Before and After School Enrichment) please complete the information below and return this enrollment application and a \$25 registration fee (per family) to: St. Stephen's School Office, Attention: Mary Schaeppi

PARENT INFORMATION (please print)

Father

Call First Call Second

Name: _____

City/State/Zip: _____

Home (_____) _____ - _____

Work (_____) _____ - _____

Mobile (_____) _____ - _____

Email Address: _____

Mother

Call First Call Second

Name: _____

City/State/Zip: _____

Home (_____) _____ - _____

Work (_____) _____ - _____

Mobile (_____) _____ - _____

Email Address: _____

STUDENT INFORMATION (please print)

at BASE, my student(s) is/are: Parent Pick-up Rides the Bus

Child's Full Name: _____ Male/Female _____

D.O.B. ____/____/____ Grade: _____ Teacher: _____

Allergies: _____ Medications: _____

Special Needs: _____

Child's Full Name: _____ Male/Female _____

D.O.B. ____/____/____ Grade: _____ Teacher: _____

Allergies: _____ Medications: _____

Special Needs: _____

Child's Full Name: _____ Male/Female _____

D.O.B. ____/____/____ Grade: _____ Teacher: _____

Allergies: _____ Medications: _____

Special Needs: _____

EMERGENCY CONTACT INFORMATION (please print)

Name: _____ Phone: (_____) _____ - _____

Relationship to Student: _____

Name: _____ Phone: (_____) _____ - _____

Relationship to Student: _____

CARE OPTIONS (schedule changes require a 2 week notice)

AM Mon Tue Wed Thursday Friday

PM Mon Tue Wed Thursday Friday

HEALTH INFORMATION (please print)

Doctor: _____ Clinic: _____

Phone: _____ Preferred Hospital: _____

Dietary or Medical Needs: _____

Other Concerns: _____

The undersigned hereby requests admission for the above named child(ren) and agrees to the fees and policies as set forth by the St. Stephen's BASE Program.

Signature of Parent/Guardian

Date