



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)

School Day:

AM Session: \$5 per child (Breakfast is available for \$1.00)

PM Session After School – 4:00 pm -- \$8.00 per child
After School – 5:00 pm -- \$10.00 per child
After School – 6:00 pm -- \$12.00 per child

Non-school Day Information:

\$28 for first child of a single family per day and \$25.00 for each additional child of that family.

Rates for special program days may be higher to cover transportation and activity costs. Reduced rates of \$14 for first child of a single family per day and \$12.00 for each additional child of that family are available for children in attendance less than 5 hours of a non-school day.

Summer Adventure Club:

A fun, faith filled summer program is available at St. Stephen's School—Summer Adventure Club. Program details are available upon request.

2015/2016 B.A.S.E. ENROLLMENT

ST. STEPHEN'S CATHOLIC SCHOOL

506 JACKSON ST., ANOKA, MN 55303 ♦ (763) 712-7453 ♦ Director Teri King: tking@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: Teri King.

PARENT INFORMATION: (please print)

Father

Call First Call Second

Name: _____
Address: _____
City/State/Zip: _____
Home (_____) _____ - _____
Work (_____) _____ - _____
Mobile(_____) _____ - _____
Email address: _____

Mother

Call First Call Second

Name: _____
Address: _____
City/State/Zip: _____
Home (_____) _____ - _____
Work (_____) _____ - _____
Mobile(_____) _____ - _____
Email address: _____

STUDENT INFORMATION: (please print)

When not 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: _____

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D.O.B. ___/___/___ Grade: _____ Teacher: _____
Allergies: _____ Medications: _____
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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

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