



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: 6:30 am to 7:30 am
PM Session: After school 2:00 to 6:00 pm
Non-school Days: 6:30 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)

School Day Fee Information:

AM Session: 6:30-7:30am - \$5.00 per child (breakfast for \$1.00)
PM Session: After School - 3:00pm -- \$9.00 per child
After School- 6:00pm--\$15.00 per child

Non-school Day 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 Information:

5% discount for three or more children

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

****Please note-**Preplanning 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 an additional fee be charged.

2018/19 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: _____

Signature of Parent/Guardian

Date

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.

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