



Waynesboro

B.A.S.E. (Boro After School Extras)

# REGISTRATION

Student Name \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ Primary Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_  
 Parent E-mail \_\_\_\_\_  
 Parent(s) Names \_\_\_\_\_

## REGISTRATION DAYS

(please check days needed)

M T W Th F

After School (Dismissal-6PM)

The days checked are the days our staff will be expecting your student to attend. If your child does not show up and check into the program Staff will call the parent/guardian to make sure child's whereabouts are known. If your child is not going to show up on the day they are expected to please email or call to notify us of any absence. In order to cancel your child's registration parent/guardian must give at least a 2 week notice before billing and registration is stopped.

## PARENT/GUARDIAN INFORMATION

Father's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_  
 Primary Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_  
 Primary Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 E-mail \_\_\_\_\_

Office Use Only  
 Date Processed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Staff Approval \_\_\_\_\_

Monthly Rate- \$75 (member) \$95 (non-member)  
 Payment (circle one) Check Cash Credit Card Auto-Draft  
 (drafts come out the 15<sup>th</sup> of each month)  
 First month due at time of registration

# EMERGENCY CONTACT INFORMATION

Child's Name \_\_\_\_\_  
D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering \_\_\_\_ Age \_\_\_\_

Parent's Names \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Primary Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Primary Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

## AUTHORIZED PICK-UP (Emergency Contacts are also used as authorized pick-up)

Name \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_

## MEDICAL INFORMATION

Primary Physician \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Insurance Provider \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Policy Number \_\_\_\_\_  
Allergies \_\_\_\_\_  
Dietary Restrictions \_\_\_\_\_  
Other Medical \_\_\_\_\_

## PERMISSIONS

Emergency Medical Care Initial \_\_\_\_\_ Field Trip Transportation Initial \_\_\_\_\_  
Perform CPR/First Aid Initial \_\_\_\_\_ Walking to a Site Initial \_\_\_\_\_

By signing below I certify the information provided is accurate and true. I understand the services provided to my child and I. If injury were to occur I will not hold the Waynesboro Area YMCA and its employees responsible.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_