BASCOL 2018-2019 FALL REGISTRATION PACKET

Submission of this form is not a guarantee of enrollment. Registration cannot be processed until all paperwork is complete & returned to the BASCOL Office. There is a minimum 5-10 business day processing period before your child may begin.

1st Child Information

CHILD'S NAME______________________________ **Nickname (If any)**____________

Birth date _______________ Age ____________ Gender: M or F

School _____ Child's Grade as of Sept. 2018: ____ Classroom Teacher____________

Schedule—Circle one: AM PM BOTH or SHO PLUS*

Days—Circle all that apply: M T W H F Desired Start Date:____/____/______

In order to provide your child with the best services possible please let us know, along with a brief description, if your child has any of the following conditions: (Please circle yes or no for each)

Yes or No Asthma* ______________________________

Yes or No Allergies* ______________________________

Yes or No Special Diet/Food Sensitivities ______________________________

Yes or No Diabetes ______________________________

Yes or No Epilepsy or Seizures ______________________________

Yes or No Takes Regular Medications ______________________________

Yes or No Allergic to Medications ______________________________

Yes or No ADD/ADHD ______________________________

Yes or No Court/Custody Issues (if yes please attach a copy of court/custody papers)

Court Orders must be provided to the BASCOL Office to legally prevent a parent from having access to and/or picking up a child

*No medication needed while at BASCOL.
I understand that in the event of an emergency 911 will be contacted.
(Dr. note may be required)

____

Parent Signature

Yes or No Receives services at school (speech, OT, PT, etc.) has IEP, 504 plan, or behavior plan. Please explain and attach copy of plan. ______________________________

Yes or No Is your child able to successfully participate in a program with 1 adult per group of 10 children?

Yes or No Other (Please explain) ______________________________

2nd Child Information

CHILD'S NAME______________________________ **Nickname (If any)**____________

Birth date _______________ Age ____________ Gender: M or F

School _____ Child's Grade as of Sept. 2018: ____ Classroom Teacher____________

Schedule—Circle one: AM PM BOTH or SHO PLUS*

Days—Circle all that apply: M T W H F Desired Start Date:____/____/______

In order to provide your child with the best services possible please let us know, along with a brief description, if your child has any of the following conditions: (Please circle yes or no for each)

Yes or No Asthma* ______________________________

Yes or No Allergies* ______________________________

Yes or No Special Diet/Food Sensitivities ______________________________

Yes or No Diabetes ______________________________

Yes or No Epilepsy or Seizures ______________________________

Yes or No Takes Regular Medications ______________________________

Yes or No Allergic to Medications ______________________________

Yes or No ADD/ADHD ______________________________

Yes or No Court/Custody Issues (if yes please attach a copy of court/custody papers)

Court Orders must be provided to the BASCOL Office to legally prevent a parent from having access to and/or picking up a child

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I understand that in the event of an emergency 911 will be contacted.
(Dr. note may be required)

____

Parent Signature

Yes or No Receives services at school (speech, OT, PT, etc.) has IEP, 504 plan, or behavior plan. Please explain and attach copy of plan. ______________________________

Yes or No Is your child able to successfully participate in a program with 1 adult per group of 10 children?

Yes or No Other (Please explain) ______________________________

BASCOL FALL 2018-2019 REQUIRED EMERGENCY INFORMATION

Home Site	Password	Full Day Site

In An Emergency Notify

Gender	Child's Full Name	Grade	Allergies, Special Information, etc.	Date of Birth
☐ M ☐ F	1st Child		*No Medication needed while at BASCOL Initial ________	
☐ M ☐ F	2nd Child		*No Medication needed while at BASCOL Initial ________	
☐ M ☐ F	3rd Child		*No Medication needed while at BASCOL Initial ________	

	Please list primary emergency contact first & where child resides first.	Telephone
Primary Contact Mother/Father/Guardian/ Step Mother/Step Father Circle One	This person will be first point of contact for any BASCOL concerns. If this person cannot be reached, the secondary contact will be called. Name Home Address of Child Employer Occupation Does child reside w/ you? Yes or No	(H) ________ (W) ________ (C) ________
Secondary Contact Mother/Father/Guardian/ Step Mother/Step Father Circle One	Name Home Address Employer Occupation Does child reside w/ this person? Yes or No	(H) ________ (W) ________ (C) ________
Emergency Contact/ Additional Release Persons ** (Other than above) Who to call in the event we cannot reach you	Name Home Address Relationship to child	(H) ________ (W) ________ (C) ________
	Name Home Address Relationship to child	(H) ________ (W) ________ (C) ________
Physician	Name Address	Phone

*** I understand that in the event of an emergency 911 will be contacted.**
**** Note: Contact person needs to be available to be reached by phone during program hours. (Two are required)**
MUST BE 18 YEARS OLD TO PICK UP CHILD.

ADDITIONAL AUTHORIZED RELEASE PERSONS (IF NEEDED)

Name	Relationship	Address	Primary Phone #	Secondary #

Agreements
I consent to the enrollment of the child listed above in this program & have been advised of the policies and regarding administration of medication, fees, transportation and the services provided by the program, and the Office of Children and Family Services regulations under which it operates. I agree to update this information whenever a change occurs.

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information to the provider, to assist the provider in caring for my child.

I agree that in the case of accident or injury emergency medical care may be given in the event I or the person(s) designated above cannot be reached. I understand transportation to the nearest hospital will be determined by the paramedics.

Hospital of choice if possible: ________________________________
There is information regarding Child Health Plus in parent handbook.

Health Insurance Company	ID or Contract Number

Topical Over-the-Counter Medication Parent Permission

Name of Topical Medication	Directions For Administration	Valid Dates For Administration
Sunscreen (from home)	Per Product Labels	09/04/18-06/21/19
Hand Sanitizer	Per Product Labels	09/04/18-06/21/19

** ____
Parent/Guardian Signature Date
**** This Signature applies to all emergency information.****

For Office Use Only

No Verifications: ________________________________

If your child needs medical, dental, health or hospital services, you as parent must give permission. It's the law.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your children might need when you are away from home. To do this, make sure baby-sitters know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors - anyone who is over 18 years of age - to be responsible for your children when you are away from them. IT is especially important to prepare this form for the occasions when you it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children.

After you complete this form, give it to the adult(s) you have named to act on your behalf. If you child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person - physician, dentist or hospital representative.

authorization

for medical treatment of minors

NAMES OF MINORS	BIRTHDATES	INDENTIFY ALLERGIES OF SPECIAL CONDITIONS

I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

NAME	ADDRESS	PHONE
BASCOL	4610 Wetzel Road Liverpool, NY 13090	315-622-4815
NAME	ADDRESS	PHONE

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from:

MONTH	DAY	YEAR		MONTH	DAY	YEAR
		2018	through			2019

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN			**PARENT GUARDIAN**		
SIGNATURE			SIGNATURE		
ADDRESS		DATE	ADDRESS		DATE
WITNESS			**WITNESS**		
SIGNATURE			SIGNATURE		
ADDRESS 4610 Wetzel Road. Liverpool, NY 13090		DATE	ADDRESS		DATE

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR(S):

INSURANCE COMPANY OR GOVERNMENT PROGRAM	I.D. OR CONTRACT NUMBER

FAMILY PHYSICIANS:

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER

FALL 2018-2019 BASCOL VERIFICATION FORM

Having enrolled my child/ren ____

Names of child(ren)

In BASCOL, I verify, understand and give permission for the following:

(**Please Initial All**)

1.______ I have received a 2018-2019 Parent Handbook describing program hours, policies, program fees and parent responsibilities and agree to abide by them. I am responsible for its contents. If I am unclear on any material enclosed, it is my responsibility to contact the BASCOL office at 315-622-4815 for clarification.
Initial

2.______ I consent to the enrollment of the child/ren listed above in BASCOL, Inc., and I have been advised of and agree to the policies regarding fees, the transportation plan, and services provided by BASCOL, Inc. and the New York State Office of Children and Family Services regulations under which it operates.
Initial

3.______ I understand for each medication my child needs to receive while at BASCOL, the parent and physician MUST complete the NYS approved Written Medical Consent Form. I also understand the Medication Consent forms are only valid for 12 months. In addition, Health Care Action Plans must be completed for Asthma, Allergies & other state required conditions. These are NYS regulations for childcare centers.
Initial

4.______ I give permission to school officials and school personnel to release any and all information about my child/ren to BASCOL. I give permission to BASCOL to release any and all information about my child/ren to school officials and personnel.
Initial

5.______ I give the school nurse permission to release my child/ren's medical and immunizations records to BASCOL.
Initial

6.______ I will provide special information to BASCOL to assist BASCOL in caring for my child/ren (diet, habits, etc.) I under stand that if my child requires an Individual Health Care Plan for medical reasons, I will be required to review the plan with BASCOL staff as needed.
Initial

7.______ I have received a summary of BASCOL's evacuation plan including the primary and secondary evacuation sites. (Will receive at time of registration.)
Initial

8.______ I give the school officials and school personnel permission to keep my child/ren either before or after the school day, or take my child/ren from BASCOL site for school-related purposes. I consent to have BASCOL release my child/ren to school officials or school personnel whenever such school representatives request his/her release from BASCOL. I understand and agree that BASCOL has no responsibility for my child/ren when he/she is released to school represent tatives. This consent shall remain in effect until revoked by me in writing to BASCOL's Executive Director. **I will inform the Site Director, in writing, of my child's extra-curricular activities.**
Initial

9.______ I understand and agree that I am obligated for payment of my weekly contracted rate regardless of attendance. This includes school holidays and vacations.
Initial

10.______ I understand that for scheduled school days off (full and half days) it is my responsibility to COMPLETELY fill out the **brightly colored sign up sheets** (these will be located near the sign in and sign out binder.) I understand that I will be committed to pay the additional charge if I indicate YES, and deadline has past. If I indicate NO that I do not need care on these scheduled days off or I fail to sign up by the deadline I understand that my child may not be able to participate in the program those days depending upon staffing. **I understand there will be a $10.00 late sign up fee per child.**
Initial

11.______ I give consent for my child/ren to take part in field trips or excursions away from BASCOL that I have registered them for, understanding that advance notice will be given. I understand that my child will be transported by either School District Buses, or Golden Sun Bussing.
Initial

12.______ I understand that there may be occasions when my child/ren is photographed or videotaped while attending BASCOL. I hereby permit my child/ren to be photographed and or videotaped while in attendance at BASCOL. I acknowledge that any photographs or videotapes are the property of BASCOL and for use of BASCOL and/or the photographer or videographer. Photos and videos taken at BASCOL may be used for promotional purposes on the BASCOL website and BASCOL Facebook page.
Initial

-OR-

☐ I DO NOT give permission for my child/ren to be photographed and/or videotaped.
Initial

Would you be interested in becoming a BASCOL board member? ☐ Yes ☐ No

How did you hear about us?

☐ Ad (Eagle, Syracuse Parent or Family Times) ☐ Clipper Card Mailer ☐ Radio ☐ TV ☐ School ☐ Facebook

☐ Previously Attended and Where ________ ☐ Other __________

PARENT SIGNATURE ______________________________ DATE ____________________

Fall 2018-2019 BASCOL Parent Orientation Checklist

☐ Copy Forwarded

On _____/_____/_____, I was advised of the following policies and procedures as described in the
(date)
BASCOL Parent Handbook. I have received the Parent Handbook and understand that I am responsible for its contents. If I am unclear on any BASCOL policies and procedures, it is my responsibility to contact the BASCOL office for clarification.

_____ Confirm First Day BASCOL Attendance ________________ (Date) (If all paperwork is complete)

_____ Parent to notify school in writing of your child's BASCOL schedule.

_____ Communications (Child Mailbox Crate) Please check folder with your child's name.

_____ Extra Curricular Activity Permission Form (ex: dance, art club, running club etc.) to be completed.

_____ Hours of Operation (p. 3) (Please sign in & out and write arrival & pick up times)

_____ Sign-Up Sheets for Full Days and Half Days (p. 5-7) I understand there are additional fees if I sign up my child to attend half days, full days and snow days. This is in addition to my weekly contracted rate. There is a one week deadline to cancel or add these scheduled days (Late Sign up fee—$10.00 less than a week away if there is room); Please pack a lunch on half days and full days. Your full day site is __________. (DSS Absentee Policy-DSS participants who sign up for a full day and fail to cancel a week ahead will be charged BASCOL's regular stated fees if child does not attend. p.9) Show fee schedule p. 11

_____ Delays & Early Dismissals (p. 5-7) You must call to see if there is space before bringing your child on a delay or early dismissal, if they are not normally scheduled to attend. (If Liverpool schools go from a delay to a closing your child will be bussed by the district to their designated full day site.)

_____ Release of Children (p. 13) (Must be over 18, know password and have photo ID)

_____ Medication Administration required paperwork (if applicable) (p. 19)
Please Note: All medications required at BASCOL Home Site are also required at the BASCOL Full Day Site. If child takes medicine at home but not at BASCOL please fill out an Allergy or Asthma Action Plan Form & a doctor's note may be required.

_____ Individual Health Care Plan (if applicable) —Please allow 10-15min on the first day your child attends to review w/ staff.

_____ Please provide BASCOL with a copy of the following if your child has one: Individual Education Plan, 504 Plan, or any special education services.

_____ Required Medication Notification—Please let the site staff know if your child received medication
_____ or treatments prior to arrival at BASCOL.

_____ I have been informed of the OCFS Exclusion Criteria for ill children that defines when children can and cannot attend the program.

_____ Absences (p. 18) Please call 315-622-4815 whenever your child will not attend.

_____ Change of Enrollment/Withdrawal (p. 9) Two week notice in writing is required.

_____ Behavior Expectations are what is expected at school. (p. 4, 16)

_____ Weekly Contracted Rate is due every Thursday by 6:00pm regardless of attendance (p. 11) (For the upcoming week, even during vacation weeks.) Checks or money orders only accepted at sites. We can set up automatic credit card payments or pay with credit card by phone. Cash will be accepted at the BASCOL office on Wetzel Road only.

_____ Email Statements—would you like to sign up to have your weekly statements e-mailed to you?

_____ Late Tuition Payments—$10.00 late payment fee (p. 8)

_____ Late Pick-up—$15.00 for the 1st 5 min, $30 for next 15 min, $2.00/min after (per child) p.10

_____ Concern Procedure (p. 20) Please call 315-622-4815 with any questions or concerns.

_____ OCFS required pamphlets for parents - "Say No!" and "Together We Can Raise Healthy Children".

_____ Received a copy of BASCOL's OCFS Evacuation Plan Summary (will get @ time of registration).

Site: ____________

Child's Name: ____

Parent's Signature:______________________________ Date: __________

FALL 2018-2019
BASCOL FEE AND SERVICE CONTRACT

☐ Copy Forwarded

Child/ren Names ____

Fees Due at Time of Registration

Registration Fee	$30.00 per child Regular Enrollment (Non-Refundable)	__________________
	$35.00 per child SHO+ Enrollment (Non-Refundable)	__________________
	First Week Deposit	__________________
	Last Week Deposit	__________________
	Additional Deposit (optional)	__________________
	TOTAL Due at Registration	__________________

Date Paid ______________________ Credit Card/Check/Cash Receipt Number __________________

Would you like to sign up for automatic payment? YES or NO Next payment is due on ___/___/___

E-mail Address: ________________________________ Would you like your statements e-mailed? YES or NO

Please review the following and check the program box for which you are contracting (2 day minimum). Any change in your scheduling needs will require a 2 week advance written notice. BASCOL will automatically charge your account for 2 weeks, if less than 2 weeks notice is given. Any change in scheduled contracted hours are subject to staffing availability.

Start Date:_____/_____/________ End Date:_____/_____/________

☐ **BEFORE AND AFTER SCHOOL CARE WEEKLY CONTRACT**

I require **A.M.** and **P.M.** care on (please circle):

Monday Tuesday Wednesday Thursday Friday

☐ **BEFORE SCHOOL CARE WEEKLY CONTRACT**

I require **A.M.** care on (please circle):

Monday Tuesday Wednesday Thursday Friday

☐ **AFTER SCHOOL CARE WEEKLY CONTRACT**

I require **P.M.** care on (please circle):

Monday Tuesday Wednesday Thursday Friday

☐ **SHO (School Holidays Only) PLUS**

I require care on school holidays only, plus an OCCASIONAL day.

The fee for the services selected will be $________ per WEEK. All payments are due one week prior to actual attendance. I understand that no portion of this fee will be refunded for days absent from the BASCOL program, including weeks and days during the school year when either school or BASCOL is closed. I agree to make all payments on time and will pay an additional $10.00 late charge per week for any fee not paid in full by the Thursday of each week for the following week. I am also financially responsible for any additional attendance my child attends or I request. I understand that failure to pay tuition and fees in a timely fashion will result in termination of services. In the event that I fail to make payment, I will be responsible for any and all collection costs incurred by BASCOL, including attorney's fees, as detailed on page 10 of the parent handbook.

I understand that regardless of my child/ren's attendance at the BASCOL program, my weekly contracted rate is ALWAYS due on Thursday by 6:00pm for the upcoming week. The weekly contracted rate is due during vacation breaks and holidays throughout the year regardless of attendance. (Thanksgiving, December Break, February Break and April Break). I understand there are additional fees if I sign up my child to attend half days, full days and snow days. This is in addition to the weekly contracted rate.

I understand that I will be charged a late pick up fee of $15.00 per child for the first 5 minutes, an additional $30.00 per child for the next 15 minutes and then an additional $2.00 per minute per child after that.

BASCOL is under no obligation to provide non-contracted services, or to make additions upon this contract at any time. All persons signing this contract are both individually and jointly liable for all fees and charges.

Parent/Guardian Signature ________________________________ SS# ________________ Date __________