



Before and After School & Summer Child Care Programs

X-treme Summer Thrills!

2019 Registration Packet—Liverpool

Space is limited

DEADLINE

Monday, June 3, 2019

(to start on the first day of summer)

You MUST register IN PERSON. Please call 315-622-4815 for an appointment.



Before and After School Child Care on Location, Inc.

4610 Wetzel Road ♦ Liverpool, NY ♦ 13090

Phone: 315-622-4815 Fax: 315-622-4885

www.bascol.org

BASCOL

X-treme Summer Thrills!

2019

 "The Magic of Summer" July 					
	Monday	Tuesday	Wednesday	Thursday	Friday
wk 1 Welcome to Summer!	1  First Day Fun	2  Team Spirit	3  America's Bday Party	4 CLOSED	5  Artful Antics
wk 2 The Magical World of Harry Potter	8  Welcome to Hogwarts!	9  Potions and Charms	10 Jeff the Magic Man @ LBE & CSI Magical Adventures	11 Jeff the Magic Man @ SAS Creatures of the Wizarding World	12  TriWizard Tournaments
wk 3 Dazzling Decades	15  50's Sock Hop	16  Peace of the 70's	17 Beaver Lake Field Trip 80's Glam 	18  The 90's... 'Nuff Said	19  Y2K!
wk 4 All Around the World	22  The Wonders of the Earth	23  Maps & Compass	24 Dan the Snake Man @ All Sites Pole to Pole 	25  Continental Travel	26  The World's Dinner Table
wk 5 Lego Engineers	29  Brick City Engineers	30  Ultimate Build Challenge	31 Get Air Field Trip Creative Free-For-All 	1  Lego Transport	2  Lego My Eggo!

 "The Great Outdoors" August 					
	Monday	Tuesday	Wednesday	Thursday	Friday
wk 6 Adirondack Days	5  Mountain Majesty	6  Can I Have S'more?	7 Zoo to You @ LBE & CSI Wild Wednesday 	8  Salmon Run	9 Zoo to You @ SAS Survivor Skills 
wk 7 Out of This World	12  E.T.	13  Star Gazing	14 Wonder Works Field Trip To Earth & Beyond	15  Space Science	16  Mission to Mars
wk 8 Blue Planet	19  Nemo's Aquarium	20  Animals of the Sea	21 Bubble Man @ LBE & SAS Colors of the Reef	22 Bubble Man @ CSI Ocean Science	23  Dive into the Deep Sea
wk 9 Let's Play	26  Sports & Fitness	27  Board Game Free-For-All	28 Seabreeze! Field Trip 	29 CLOSED	30 CLOSED

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.

BASCOL SUMMER 2019 CHILD INFORMATION

1st CHILD

CHILD'S NAME _____ Nickname (If any) _____

Birth date _____ Age _____ Gender: M or F

Please Enter Child's Grade in September 2019: _____

School _____ Summer Site: Liverpool—Long Branch Elementary

PLEASE CHECK WHICH WEEKS YOUR CHILD WILL BE ATTENDING & CIRCLE DAYS NEEDED

WEEK 1 (7/1-7/5) ☐ M T W X F Closed Thursday July 4th	WEEK 2 (7/8-7/12) ☐ M T (W) T F Guest Speaker 7/10 Jeff the Magic Man (Included)	WEEK 3 (7/15-7/19) ☐ M T W T F Field Trip—Y or N Beaver Lake on 7/17 (\$20.00 per child)	WEEK 4 (7/22-7/26) ☐ M T (W) T F Guest Speaker 7/24 Dan the Snake Man (Included)
WEEK 5 (7/29-8/2) ☐ M T W T F Field Trip—Y or N Get Air on 7/31 (\$25.00 per child)	WEEK 6 (8/5-8/9) ☐ M T (W) T F Guest Speaker 8/7 Zoo to You (Included)	WEEK 7 (8/12-8/16) ☐ M T W T F Field Trip - Y or N Wonder Works on 8/14 (\$25.00 per child)	WEEK 8** (8-19-8/23) ☐ M T (W) T F Guest Speaker 8/21 Bubbleman (Included)
WEEK 9 ** (8-26-8/28) ☐ M T W X X Field Trip - Y or N Seabreeze on 8/28 (\$35.00 per child) Swimmer or Non-Swimmer	**Liverpool Location for Weeks 8 and 9 will be held at the Northside Baptist Church on Rt. 57.		
All Field Trips Are Optional			

*Part Time -
Minimum of 2 days per
week required.

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) _____

*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

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

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) _____

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.

BASCOL SUMMER 2019 CHILD INFORMATION

2nd CHILD

CHILD'S NAME _____ Nickname (If any) _____

Birth date _____ Age _____ Gender: M or F

Please Enter Child's Grade in September 2019: _____

School _____ Summer Site: Liverpool—Long Branch Elementary

PLEASE CHECK WHICH WEEKS YOUR CHILD WILL BE ATTENDING & CIRCLE DAYS NEEDED

WEEK 1 (7/1-7/5) ☐ M T W X F Closed Thursday July 4th	WEEK 2 (7/8-7/12) ☐ M T (W) T F Guest Speaker 7/10 Jeff the Magic Man (Included)	WEEK 3 (7/15-7/19) ☐ M T (W) T F Field Trip—Y or N Beaver Lake on 7/17 (\$20.00 per child)	WEEK 4 (7/22-7/26) ☐ M T (W) T F Guest Speaker 7/24 Dan the Snake Man (Included)
WEEK 5 (7/29-8/2) ☐ M T (W) T F Field Trip—Y or N Get Air on 7/31 (\$25.00 per child)	WEEK 6 (8/5-8/9) ☐ M T (W) T F Guest Speaker 8/7 Zoo to You (Included)	WEEK 7 (8/12-8/16) ☐ M T (W) T F Field Trip—Y or N Wonder Works on 8/14 (\$25.00 per child)	WEEK 8** (8-19-8/23) ☐ M T (W) T F Guest Speaker 8/21 Bubbleman (Included)
WEEK 9 ** (8-26-8/28) ☐ M T (W) X X Field Trip - Y or N Seabreeze on 8/28 (\$35.00 per child) Swimmer or Non-Swimmer	**Liverpool Location for Weeks 8 and 9 will be held at the Northside Baptist Church on Rt. 57		
All Field Trips Are Optional			*Part Time - Minimum of 2 days per week required.

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) _____

*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 _____

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

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 SUMMER 2019 REQUIRED EMERGENCY INFORMATION

Summer Site	Password	Home School
-------------	----------	-------------

Emergency Notification

Child's Full Name	Grade	Allergies, Special Information, etc.	Date of Birth
Gender ☐ M ☐ F	1st Child	*No Medication needed while at BASCOL Initial _____	
Gender ☐ M ☐ F	2nd Child	*No Medication needed while at BASCOL Initial _____	
Gender ☐ 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) _____
		Name _____ Address _____	Phone _____
Physician			

* 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 and have been advised of the policies 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	7/1/19 to 8/28/19
Hand Sanitizer	Per Product Labels	7/1/19 to 8/28/19

** _____
 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 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 your 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	IDENTIFY ALLERGIES OR SPECIAL CONDITIONS

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

NAME BASCOL	ADDRESS 4610 Wetzel Road Liverpool, NY 13090	PHONE 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 2019	through	MONTH	DAY	YEAR 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
-----------------------	-----------------------

BASCOL SUMMER 2019 VERIFICATION FORM

Having enrolled my child/ren _____ in the summer program, I verify, understand and give permission to the following: **(Please Initial All)**

1. ☐ I have received a 2019 Summer Program 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 (315-622-4815) for clarification. I consent to the enrollment of the child/ren listed above in the BASCOL summer program, and I have been advised of the policies regarding fees and services provided by BASCOL Inc.
☐ Initial
2. ☐ I understand for each medication my child needs to receive while at BASCOL the parent and physician MUST complete the NYS approved Written Medication Consent Form. All medication must be labeled and in original container/package with the child's name and have the medication inserts. I understand the Medication Consent Forms are only valid for 12 months.
☐ Initial
3. ☐ I will provide special information to BASCOL to assist BASCOL in caring for my child/ren (diets, habits, etc.) I understand 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
4. ☐ I have received a summary of BASCOL's evacuation plan including the primary and secondary evacuation sites. (Will receive at time of registration.)
☐ Initial
5. ☐ I understand that when my child participates in any field trip, he/she MUST wear his/her BASCOL T-shirt for identification and safety purposes. **If my child does not wear the BASCOL T-shirt he/she will be unable to participate in the field trip.**
☐ Initial
6. ☐ I give permission for my child to attend ALL scheduled program field trips that they are registered for. (I understand I must pay for field trips in advance or my child/ren will be unable to participate.) Refer to Child Information Page in Registration Packet.
☐ Initial
7. ☐ I understand and agree to the BASCOL transportation plan as stated in the Parent Handbook. I give permission for my child/ren to be transported by Golden Sun Bussing and Onondaga Coach Bussing (Seabreeze) for field trip days that I register for.
☐ Initial
8. ☐ I give permission for my child/ren to go swimming during field trips while at BASCOL's X-treme Summer Thrills under the careful supervision of the BASCOL staff. Please Note: Swimmers are not permitted to do the Helix ride or the Wavepool at Seabreeze for safety reasons.
☐ Initial

-OR-

☐ I **DO NOT** give permission for my child/ren to go swimming at BASCOL's X-treme Summer Thrills.
☐ Initial

9. ☐ I give permission for my child/ren to have and use sunscreen brought from home and/or hand sanitizer following the directions on the label of the product.
☐ Initial

-OR-

☐ I **DO NOT** give permission for my child/ren to use sunscreen lotion and/or hand sanitizer.
☐ Initial

10. ☐ 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/videotapes are the property of BASCOL and for use by BASCOL. 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

11. How did you originally hear about us?

☐ Google Ad ☐ Facebook ☐ Family Times or Syracuse Parent Magazine Ad (Please circle one)
☐ Clipper Card Coupon ☐ School ☐ Previously Attended & Where _____ ☐ Other _____

Parent/Guardian Signature _____ Date _____

BASCOL SUMMER 2019 Parent Orientation Checklist

Copy
Forwarded

(to be completed at registration with a BASCOL staff person)

On ____/____/____, I was advised of the following policies and procedures as described in the 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.

- ____ Hours of Operation are 6:30am-6:00pm. Please sign in and sign out each day and write the time.
- ____ Please check your child's mailbox folder for communications from BASCOL.
- ____ Please pack a lunch everyday your child attends (including a beverage).
- ____ Field Trips (p.7) (T-shirt is required for field trips—NO EXCEPTIONS!) (You may use last year's T-shirt.)

Size	Qty.	Price	Total	Size	Qty.	Price	Total
Youth S (6-8)		\$10.00		Adult S(30-32)		\$10.00	
Youth M (10-12)		\$10.00		Adult M (32-34)		\$10.00	
Youth L (14-16)		\$10.00		Adult L (40)		\$10.00	

- ____ Release of Children (p. 3) (Must be listed on emergency card, over 18, know password & show photo ID).
- ____ Medication Administration required paperwork (if child will have medication at BASCOL). (p. 9) If child takes medicine at home but not at BASCOL please fill out an Allergy or Asthma Action Plan Form and a doctor's note may be required.
- ____ Individual Health Care Plan (if applicable) —Please allow 10-15 minutes on the first day your child attends to review with staff. Please provide BASCOL with a copy of the following if your child has one. (IEP-Individual Education Plan, 504 Plan, or any special education services)
- ____ Please notify the staff if your child receives medication or treatments prior to arrival at BASCOL.
- ____ I have been informed of the OCFS Exclusion Criteria for children who are ill that defines when children can and cannot attend the program.
- ____ Received a copy of BASCOL's OCFS Evacuation Plan Summary (will get at time of registration).
- ____ OCFS required pamphlets for parents - "Say No!" and "Together We Can Raise Healthy Children".
- ____ Behavior Expectations (What is expected at school is expected at BASCOL) (p. 10 & 11).
- ____ Payment Responsibilities - Payment is due on Thursday by 6:00pm for the following week. (See Fee & Service Contract page in Registration Packet.) There is a \$10.00 Late Tuition Payment Fee, Late Pick up Fees incur after 6:00pm & Collection Fees on delinquent accounts (p. 1-3). DSS absence policy (p. 2).
- ____ Concern Procedure - Please call the BASCOL office at 315-622-4815 with any questions or concerns (p. 13).
- ____ Liverpool Location for Weeks 8 and 9 is at Northside Baptist Church on Oswego Road.
- ____ Please notify BASCOL immediately of any changes of information in writing.
- ____ Please choose Swimmer/Non-Swimmer for each child attending. Policy: "Swimmer" can swim independently, hold breath under water and go down water slides. "Non-Swimmer" cannot swim independently or hold breath efficiently underwater, will stay in shallow water up to waist deep (p. 7).

Site: Liverpool

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

☐ Copy Forwarded

CHILD/REN'S NAME(s): _____

Registration Fee - \$30.00 PER CHILD Before June 3rd \$45.00 PER CHILD After June 3rd Amount \$ _____ Date _____	Due at time of registration (Non-refundable) Check # _____ Cash Receipt # _____ Credit Card Payment _____															
Last Week's Deposit Amount \$ _____ Date _____	Due at time of registration Check # _____ Cash Receipt # _____ Credit Card Payment _____															
T-Shirt (\$10.00 each) T-Shirt Amount \$ _____ Amount Paid \$ _____ T-Shirt Received Yes or No Date _____	Due at time of registration (Non-refundable) Check # _____ Cash Receipt # _____ Credit Card Payment _____															
Field Trips Total Amount Due (See Below) Total Amount \$ _____ Amount Paid \$ _____ Date _____	Due same day tuition is due for the week (See below payment schedule) Check # _____ Cash Receipt # _____ Credit Card Payment _____															
Week 1 July 1 - July 5 CLOSED on Thursday July 4th	# Days _____ \$ _____ Tuition Due Thursday June 27, 2019															
Week 2 July 8 - July 12 <i>Guest Speaker on 7/10 Jeff the Magic Man (Included)</i>	# Days _____ \$ _____ Tuition Due Wednesday July 3, 2019															
Week 3 July 15 - July 19 \$ _____ Field Trip to Beaver Lake on 7/17 Yes or No (\$20.00/child)	# Days _____ \$ _____ Tuition Due Thursday July 11, 2019															
Week 4 July 22 - July 26 <i>Guest Speaker on 7/24 Dan the Snake Man (Included)</i>	# Days _____ \$ _____ Tuition Due Thursday July 18, 2019															
Week 5 July 29 - August 2 \$ _____ Field Trip to Get Air on 7/31 Yes or No (\$25.00/child)	# Days _____ \$ _____ Tuition Due Thursday July 25, 2019															
Week 6 August 5 - August 9 <i>Guest Speaker on 8/7 Zoo to You (Included)</i>	# Days _____ \$ _____ Tuition Due Thursday August 1, 2019															
Week 7 August 12 - August 16 \$ _____ Field Trip to Wonder Works on 8/14 Yes or No (\$25.00/child)	# Days _____ \$ _____ Tuition Due Thursday August 8, 2019															
Week 8 August 19 - August 23 <i>Guest Speaker on 8/21 Bubble Man (Included)</i>	# Days _____ \$ _____ Tuition Due Thursday August 15, 2019															
Week 9 August 26 - August 28** \$ _____ Field Trip to Seabreeze on 8/28 Yes or No (\$35.00/child)	# Days _____ \$ _____ Tuition Due Thursday August 22, 2019															
CLOSED Thursday, August 29th and Friday, August 30th	<table> <tr> <td>2019 Rates</td> <td>5 Days</td> <td>4 Days</td> <td>3 Days</td> <td>2 Days</td> </tr> <tr> <td>1 child</td> <td>\$212.25</td> <td>\$199.00</td> <td>\$149.25</td> <td>\$99.50</td> </tr> <tr> <td>2 children</td> <td>\$403.00</td> <td>\$398.00</td> <td>\$298.50</td> <td>\$199.00</td> </tr> </table>	2019 Rates	5 Days	4 Days	3 Days	2 Days	1 child	\$212.25	\$199.00	\$149.25	\$99.50	2 children	\$403.00	\$398.00	\$298.50	\$199.00
2019 Rates	5 Days	4 Days	3 Days	2 Days												
1 child	\$212.25	\$199.00	\$149.25	\$99.50												
2 children	\$403.00	\$398.00	\$298.50	\$199.00												

- You will be provided with a receipt for all cash payments made by you to BASCOL. Please retain this receipt for your records.

Person(s) responsible for payment _____ SS# _____ Date _____
(if different from above) Signature

I agree to make all payments on time and will pay an additional \$10.00 late charge per week for any balance not paid in full by Thursday of each week.

I understand that failure to pay tuition and fees as outlined above can result in termination of services. In the event that I fail to make payment, I will be responsible for any and all collection costs and associated fees incurred by BASCOL, including attorney fees. (As outlined in the Parent Handbook on page 3.)

I understand that I will be charged for late pick-ups at the rate of \$15.00 per child for the first five minutes after 6:00 PM. An additional \$30.00 per child will be charged for the next 15 minutes after that. An additional \$2.00 a minute will be charged for each child after 6:20 PM. All late time is calculated according to the BASCOL clock.

I understand that any balance which I owe to BASCOL for services already received, must be paid in full prior to my child/ren's first day of attendance. This shall be in addition to the scheduled payments for which I am now contracting.

I understand that any changes in scheduling must be done at least one week in advance in order to avoid financial penalty. DSS participants who register, but do not attend the program and fail to contact the BASCOL office one week in advance, will be responsible for paying BASCOL's regularly stated fees.

BASCOL is under no obligation to provide non-contracted services or to make additions upon this contract at this time.

All persons signing this contract are both individually and jointly liable for all fees and charges.

IN AGREEMENT:

Parent/Guardian Signature _____ SS# _____ Date _____

Person(s) responsible for payment _____ SS# _____ Date _____
(if different from above)

E-mail Address for billing statements _____

Would you like to sign up for automatic payment? (circle one) YES or NO

REMINDER:

This registration packet must be fully completed before your child will be officially registered and enrolled in the BASCOL Summer Program.