

Before and After School & Summer Child Care Programs

Movin' and Groovin' Summer

2020 Registration Packet—St. Ann's

Space is limited

DEADLINE

Monday, June 1, 2020

(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.












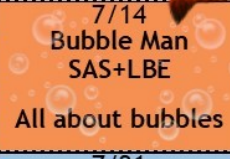

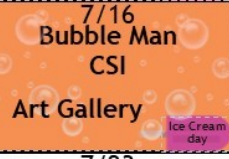

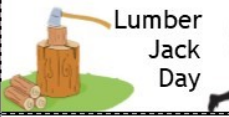

















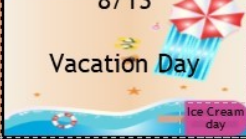




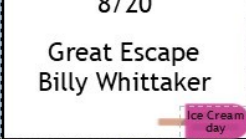



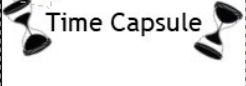





4610 Wetzel Road ♦ Liverpool, NY ♦ 13090

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

www.bascol.org

BASCOL

Movin' and Groovin' Summer

	Theme	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 6/29	Celebrate	6/29 Celebrate A Neighbor 	6/30 Diversity Day 	7/1 The Empire State 	7/2 Find A Valentine Friend's Day 	7/3 CLOSED 
Week 2 7/6	Teamwork	7/6 Giant Marble Paint Day 	7/7 Ice Breaker 	7/8 Rosamond Gifford Zoo Animal Clothes Pin 	7/9 Minute To Win It 	7/10 Spirit Day 
Week 3 7/13	Create	7/13 The Great Build 	7/14 Bubble Man SAS+LBE All about bubbles 	7/15 Nature Hunt 	7/16 Bubble Man CSI Art Gallery 	7/17 The Great Talent Spectacle 
Week 4 7/20	Explore	7/20 Lumber Jack Day 	7/21 Mets Game Safari Binoculars 	7/22 The Camp Out! 	7/23 What Do Trees Mean To You? 	7/24 Invention Day 
Week 5 7/27	Compassion	7/27 Kindness Flowers 	7/28 Dan The Snake Man 	7/29 Big Brother Big Sister 	7/30 Bring Your Stuffed Pet To School Day 	7/31 Best Birthday Ever 
Week 6 8/3	Experience	8/3 The Great Game Gambit 	8/4 Marvels Of Military 	8/5 Hancock Field Air National Guard Base 	8/6 Class Or Treat 	8/7 Serenade Show Down Sing A Long 
Week 7 8/10	Discover	8/10 Analyze This All About Science 	8/11 Edible Experiments 	8/12 Jeff The Magic Man Magic wands and headbands 	8/13 Vacation Day 	8/14 Tie Die Extravaganza 
Week 8 8/17	Adventures	8/17 Carnival Time 	8/18 Rock Sculptures 	8/19 GET AIR trampoline park 	8/20 Great Escape Billy Whittaker 	8/21 Motor Course & Muscle Cars 
Week 9 8/24	Empower	8/24 Teacher for a day 	8/25 Real Life Role Model 	8/26 Time Capsule 	8/27 Super Stars 	8/28 Peer Building 
Week 10 8/31	Inspire	8/31 Swap And Give 	9/1 Friendship Dance 	9/2 Seabreeze! Field Trip 	9/3 CLOSED	9/4 CLOSED

Ice Cream day - Rick's Polar Pops- children should bring their own money to buy ice cream Hot Dog day @ NSB - Cue Hot Dogs- Lunch will be provided. Pork and Beef hotdogs will be provided.

Subject to Change

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 2020 CHILD INFORMATION

1st CHILD

CHILD'S NAME: _____ Nickname (If any) _____

Birth date: _____ Age: _____ Gender: M or F

Child's Grade in September 2020: _____

School: _____ Summer Site: Syracuse—St. Ann's School

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

<p>WEEK 1 (6/29-7/3)</p> <p>M T W Th X</p> <p>Closed Friday July 3rd</p>	<p>WEEK 2 (7/6-7/10)</p> <p>M T W Th F</p> <p>Field Trip— Y or N Rosamond Gifford Zoo on 7/8 (\$20 per child)</p>	<p>WEEK 3 (7/13-7/17)</p> <p>M T W Th F</p> <p>Guest Speaker 7/14 Bubble Man (Included)</p>	<p>WEEK 4 (7/20-7/24)</p> <p>M T W Th F</p> <p>Field Trip— Y or N Syracuse Mets Game on 7/21 (\$25 per child)</p>
<p>WEEK 5 (7/27-7/31)</p> <p>M T W Th F</p> <p>Guest Speaker 7/28 Dan the Snake Man (Included)</p>	<p>WEEK 6 (8/3-8/7)</p> <p>M T W Th F</p> <p>Field Trip— Y or N Hancock Field ANG on 8/5</p>	<p>WEEK 7 (8/10-8/14)</p> <p>M T W Th F</p> <p>Guest Speaker 8/12 Jeff the Magic Man (Included)</p>	<p>WEEK 8 (8/17-8/21)</p> <p>M T W Th F</p> <p>Field Trip— Y or N Get Air on 8/19 (\$25 per child)</p>
<p>WEEK 9 (8/24-8/28)</p> <p>M T W Th F</p> <p>Cue Dogs Hot Dog Cart on 8/26 (Included)</p>	<p>WEEK 10 (8/31-9/2)</p> <p>M T W Th F</p> <p>Field Trip— Y or N Seabreeze on 9/2 (\$35 per child)</p>	<p>All Field Trips Are Optional</p>	<p>*Part Time - Minimum of 2 days per week required.</p>

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 Medication _____
- Yes or No Allergic to Medications _____
- Yes or No ADD/ADHD _____

*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 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

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 Will your child have therapy visits at BASCOL over the summer? If yes, parent consent form must be completed.

Yes or No Is your child attending summer school? Dates _____ Time _____ Location _____

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 2020 CHILD INFORMATION

2nd CHILD

CHILD'S NAME: _____ Nickname (If any) _____
 Birth date: _____ Age: _____ Gender: M or F
 Child's Grade in September 2020: _____
 School: _____ Summer Site: Syracuse—St. Ann's School

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

<p>WEEK 1 (6/29-7/3)</p> <p>M T W Th X</p> <p>Closed Friday July 3rd</p>	<p>WEEK 2 (7/6-7/10)</p> <p>M T W Th F</p> <p>Field Trip— Y or N Rosamond Gifford Zoo on 7/8 (\$20 per child)</p>	<p>WEEK 3 (7/13-7/17)</p> <p>M T W Th F</p> <p>Guest Speaker 7/14 Bubble Man (Included)</p>	<p>WEEK 4 (7/20-7/24)</p> <p>M T W Th F</p> <p>Field Trip— Y or N Syracuse Mets Game on 7/21 (\$25 per child)</p>
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<p>WEEK 9 (8/24-8/28)</p> <p>M T W Th F</p> <p>Cue Dogs Hot Dog Cart on 8/26 (Included)</p>	<p>WEEK 10 (8/31-9/2)</p> <p>M T W Th F</p> <p>Field Trip— Y or N Seabreeze on 9/2 (\$35 per child)</p>	<p>All Field Trips Are Optional</p>	

*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 Medication _____
- Yes or No Allergic to Medications _____
- Yes or No ADD/ADHD _____

*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 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

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 Will your child have therapy visits at BASCOL over the summer? If yes, parent consent form must be completed.

Yes or No Is your child attending summer school? Dates _____ Time _____ Location _____

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 2020 REQUIRED EMERGENCY INFORMATION

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	Summer Site	Password	Home School
	Child's Full Name	Grade	Allergies, Special Information, etc.
Gender <input type="checkbox"/> M <input type="checkbox"/> F	1st Child		*No Medication needed while at BASCOL Initial _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	2nd Child		*No Medication needed while at BASCOL Initial _____
Gender <input type="checkbox"/> M <input type="checkbox"/> 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	Name _____ Home Address of Child _____		(H) _____
	Employer _____ Occupation _____ Does child reside w/ you? Yes or No _____		(W) _____
			(C) _____
Secondary Contact Mother/Father/ Guardian/Step Mother/ Step Father Circle One	Name _____ Home Address _____		(H) _____
	Employer _____ Occupation _____ Does child reside w/ you? Yes or No _____		(W) _____
			(C) _____
Emergency Contact/ Additional Release Persons ** (Other than above) Who to call in the event we cannot reach you	Name _____ Home Address _____		(H) _____
			(W) _____
			(C) _____
	Name _____ Home Address _____		(H) _____
	Name _____ Address _____		(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
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Topical Over-the-Counter Medication Parent Permission		
Name of Topical Medication	Directions For Administration	Valid Dates For Administration
Sunscreen (from home)	Per Product Labels	6/29/20- 9/2/20
Hand Sanitizer	Per Product Labels	6/29/20- 9/2/20

** _____
 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 2020	Through	MONTH	DAY	YEAR 2020
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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
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FAMILY PHYSICIANS:

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER
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BASCOL SUMMER 2020 VERIFICATION FORM

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

1. Initial I have received a 2020 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.
2. Initial 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.
3. Initial 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.
4. Initial I have received a summary of BASCOL's evacuation plan including the primary and secondary evacuation sites. (Will receive at time of registration.)
5. Initial 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.**
6. Initial 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.
7. Initial 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.
8. Initial I give permission for my child/ren to go swimming during field trips while at summer BASCOL under the careful supervision of the BASCOL staff. Please choose whether your child is a "Swimmer" who can swim independently, hold breath under water and go down water slides or a "Non-Swimmer" cannot swim independently or hold breath efficiently underwater, will stay in shallow water up to waist deep. Please Note: Swimmers are not permitted to do the Helix ride or the Wavepool at Seabreeze for safety reasons.
Or- Initial I **DO NOT** give permission for my child/ren to go swimming at summer BASCOL.
9. Initial 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.
Or- Initial I **DO NOT** give permission for my child/ren to use sunscreen lotion and/or hand sanitizer.
10. Initial 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 and Instagram pages.
Or- Initial I **DO NOT** give permission for my child/ren to be photographed and/or videotaped.

11. How did you originally hear about us?

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

Parent/Guardian Signature _____ Date _____

BASCOL SUMMER 2020 Parent Orientation Checklist

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

Copy Forwarded

On _____/_____/_____, I was advised of the following policies and procedures as described in _____
(date)

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 e-mail for communications and parent table for flyers/newsletters.

_____ Please pack a lunch everyday your child attends (including a beverage). BASCOL provides morning and afternoon snacks each day

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	

_____ Field Trips (p.7) (T-shirt required for field trips—NO EXCEPTIONS!) (You may use last year's T-shirt.)

_____ 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 min 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. (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.

_____ I 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 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.2) Show fee schedule p. 2

_____ Concern Procedure- Please call the BASCOL office at 315-622-4815 with any questions or concerns (p.13).

_____ 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).

_____ BASCOL is closed 9/3 and 9/4. Fall Program begins on 1st day of school. Separate registration is required.

Site: St. Ann's

Child's Name: _____

Parent's Name: _____

Parents Signature: _____ Date: _____

BASCOL SUMMER 2020 ST. ANN'S FEE AND SERVICE CONTRACT

Copy Forwarded

Total Paid @ Registration
\$ _____

CHILD/REN'S NAME(S): _____

I hereby enroll my child/ren in BASCOL's Movin' and Groovin' Summer. I contract for services as indicated below from June 29th, 2020 through September 2nd, 2020 between the hours of 6:30 AM and 6:00 PM. I agree to pay BASCOL the amount due for each week registered regardless of attendance. This fee will be paid on the following schedule:

Registration fee- \$30.00 PER CHILD before June 1 \$45.00 PER CHILD after June 1 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	June 29th to July 3 rd CLOSED on Friday, July 3 rd .	# Days	\$ _____ Tuition Due June 25th
Week 2	July 6th to July 10th \$ _____ Field Trip to Rosamond Zoo on 7/8 Yes or No (\$20/child)	# Days	\$ _____ Tuition Due July 2nd
Week 3	July 13th to July 17th Guest Speaker on 7/14 Bubble Man (Included)	# Days	\$ _____ Tuition Due July 9th
Week 4	July 20th to July 14th \$ _____ Field Trip to Syracuse Mets on 7/21 Yes or No (\$25/child)	# Days	\$ _____ Tuition Due July 16th
Week 5	July 27th to July 31st Guest Speaker on 7/28 Dan the Snake Man (Included)	# Days	\$ _____ Tuition Due July 23rd
Week 6	August 3rd to August 7th \$ _____ Field Trip to Hancock Field on 8/5 Yes or No (\$16/child)	# Days	\$ _____ Tuition Due July 30th
Week 7	August 10th to August 14th \$ _____ Guest Speaker on 8/12 Jeff the Magic Man (Included)	# Days	\$ _____ Tuition Due August 6th
Week 8	August 17th to August 21st \$ _____ Field Trip to Get Air On 8/19 Yes or No (\$25/child)	# Days	\$ _____ Tuition Due August 13th
Week 9	August 24th to August 28th \$ _____ *At Northside Baptist church* Cue Dogs Hot Dog Cart on 8/26 (Included)	# Days	\$ _____ Tuition Due August 20th
Week 10	August 31st to September 2nd \$ _____ Field Trip to Seabreeze on 9/2 Yes or No (\$35/child)	# Days	\$ _____ Tuition Due August 27th

**Closed Thursday September 3 rd And Friday, September 4 th **		5 days	4 days	3 days	2 days	1 day
	1 Child	\$218.25	\$194.00	\$145.50	\$97.00	\$48.50
	2 Children	\$414.75	\$388.00	\$291.00	\$194.00	\$97.00

Please include child's name and site on all checks

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

Parent/Guardian Signature _____ Last four of SS# _____ Date _____

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 _____ Last 4 of SS# _____ Date _____

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, with registration fee and deposit paid before your child will be officially registered and enrolled in the BASCOL Summer Program.