



Before and After School & Summer Child Care Programs

Full STEAM Ahead SUMMER PROGRAM

The word 'STEAM' is rendered in large, colorful, block letters. The 'S' is green with a chemistry flask icon. The 'T' is yellow with a lightbulb icon. The 'E' is red with a cluster of colorful gears. The 'A' is blue with a paint palette icon. The 'M' is orange with mathematical equations: $6 \times 9 = 36$, $65471.3 = 11$, and $2 + 2 = 4$. A paintbrush is shown painting the 'A'. Below the letters, a steam train is depicted on tracks, emitting smoke. The word 'Ahead' is written in a large, black, cursive font.

SPACE IS LIMITED

DEADLINE: Thursday, June 1, 2023

(to start on the first day of summer)

2023 Summer Registration Packet

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's Full STEAM Ahead Summer Program Calendar

Week 1: Pokémon

(6/26/23-6/30/23)

Wanna be the very best? You teach me and I'll teach you STEAM, Pokémon style!

Week 2: Superheroes!

(7/3/23-7/7/23)

BAM! WOOH! KAPOW!

Hulk smash your way into some super exciting experiments!

(Closed 7/4)

Week 3: Sci-Fi

(7/10/23-7/14/23)

Explore the super natural world with futuristic concepts and imaginative activities!

Field Trip to the MOST

Week 4: Disney

(7/17/23-7/21/23)

Discover the world of Disney through magical projects and dramatic play!

Week 6: Sports

(7/31/23-8/4/23)

Score! From football passes to bowling scores, STEAM is all throughout the world of sports!

Field Trip to Syracuse MET's Game

Week 7: Fantasy

(8/7/23-8/18/23)

Create a world of fantasy, delving into stories from pirates and adventure to princes and princesses!

Week 8: Mystery

(8/14/23-8/18/23)

Investigate secret challenges and problem solving through mystery and wonder!

Week 9: National Geographic

(8/21/23-8/25/23)

Explore environmental science of nature & our ecosystem!

Field Trip to Beaver Lake

Week 10: Game Show

(8/28/23-8/30/23)

Collaborate with friends, game show style, in our exciting last week of summer!

Field Trip to Seabreeze

(Closed 8/31 & 9/1)



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 10-14 business day processing period before your child may begin.

BASCOL SUMMER 2023 CHILD INFORMATION

1st CHILD

CHILD'S NAME: _____ Nickname (If any) _____
 Birth date: _____ Age: _____ Gender: M ☐ or F ☐
 Child's Grade in September 2023: _____ Child's School: _____
 Summer Site: Central Square ☐ Liverpool ☐ St. Ann's ☐

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

WEEK 1 (6/26-6/30) Pokemon M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WEEK 2 (7/3-7/7) Superheros M T W Th F <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Closed Tuesday 7/4</i>	WEEK 3 (7/10-7/14) Sci-Fi Field Trip-MOST M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WEEK 4 (7/17-7/21) Disney M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
WEEK 5 (7/24-7/28) History of Technology Field Trip-Erie Canal M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 7/26 Liverpool FT 7/27 Cen. Sq. & SAS FT	WEEK 6 (7/31-8/4) Sports Field Trip-MET's M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WEEK 7 (8/7-8/11) Fantasy M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WEEK 8 (8/14-8/18) Mystery M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
WEEK 9** (8/21-8/25) National Geographic Beaver Lake M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WEEK 10** (8/28-8/30) Game Show Field Trip-Seabreeze M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <i>Closed 8/31 & 9/1</i>	**Week 9 & 10—No changes or refunds can be made. Liverpool location for Weeks 9 & 10 at TBA	*Part Time - Minimum of 3 days per week required. No Staybacks on Field Trip Days Swimmer Non-Swimmer (Choose One)

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 ☐ Diagnosed 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 _____
☐ 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 Conditions (Please explain) _____

A parent meeting may be required prior to completion of enrollment to discuss accommodations.

*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

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 10-14 business day processing period before your child may begin.

BASCOL SUMMER 2023 CHILD INFORMATION

2nd CHILD

CHILD'S NAME: _____ Nickname (If any) _____
 Birth date: _____ Age: _____ Gender: M ☐ or F ☐
 Child's Grade in September 2023: _____ Child's School: _____
 Summer Site: Central Square ☐ Liverpool ☐ St. Ann's ☐

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

WEEK 1 (6/26-6/30) Pokemon M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WEEK 2 (7/3-7/7) Superheros M T W Th F <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Closed Tuesday 7/4</i>	WEEK 3 (7/10-7/14) Sci-Fi Field Trip-MOST M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WEEK 4 (7/17-7/21) Disney M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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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 ☐ Diagnosed 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 _____
☐ 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 Conditions (Please explain) _____

A parent meeting may be required prior to completion of enrollment to discuss accommodations.

*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

BASCOL SUMMER 2023 REQUIRED EMERGENCY INFORMATION

☐ Copied

Emergency Notification

Summer Site		Password		Home School	
Child's Full Name		Grade	Allergies, Special Information, etc.		Date of Birth
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	Name		Home Address of Child		(H) _____
	Employer		Occupation	Does child reside w/ you? Yes No	(W) _____
					(C) _____
Secondary Contact Mother Father Guardian Step Mother Step Father	Name		Home Address		(H) _____
	Employer		Occupation	Does child reside w/ you? Yes 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) _____
	Relationship				(W) _____
	Name		Home Address		(C) _____
	Relationship				(H) _____
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 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		6/26/23- 8/30/23	
Hand Sanitizer	Per Product Labels		6/26/23- 8/30/23	
Bug Spray	Per Product Labels		6/26/23-8/30/23	
** _____ 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 2023	Through	MONTH	DAY	YEAR 2023
				8	30	

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 2023 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 2023 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. I understand I must set up autopay for tuition payments.
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 up to 12 months or sooner as dated by the prescriber.
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, I will be required to review the plan with BASCOL staff as needed. A parent meeting may be required prior to completion of enrollment. All health care paperwork must be completed and signed by parent/guardian prior to child attending program.
4. Initial I give the school nurse permission to release my child/ren's medical and immunization records to BASCOL.
5. Initial I do or (☐ I do not) agree to receive text messages from BASCOL.
6. Initial I have received a summary of BASCOL's evacuation plan including the primary and secondary evacuation sites. (Will receive at time of registration.)
7. Initial I give permission for my child to attend ALL scheduled program field trips that they are registered for. There will be no staybacks on field trip days. (I understand I must pay for field trips in advance or my child/ren will be unable to attend that day.) Refer to Child Information Page in Registration Packet.
8. 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 or attend BASCOL that day.**
9. 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.
10. Initial I give permission for my child/ren to go swimming during the field trip to Seabreeze under the careful supervision of the BASCOL staff. Please choose Swimmer or 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. Please Note: Children 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 Seabreeze (cannot attend BASCOL that day)
11. Initial I give permission for my child/ren to have and use sunscreen and/or bug spray 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, bug spray and/or hand sanitizer.
12. 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, Instagram pages, and the BASCOL TikTok.
-Or- Initial I **DO NOT** give permission for my child/ren to be photographed and/or videotaped.

13. How did you originally hear about us? ☐ Google Ad ☐ Facebook ☐ Clipper Card Coupon ☐ Radio ☐ School
☐ Previously Attended & Where _____ ☐ Family Times or Syracuse Parent Ad ☐ Other _____

Parent/Guardian Signature _____ Date _____

BASCOL SUMMER 2023 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 Orientation Video sent to me. 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.

____ Field Trips (p.7) (T-shirt required for field trips—NO EXCEPTIONS! You can use last year's shirt if you have
one) There will be no staybacks allowed.

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 OCFS 6029 Individual Allergy &
Anaphylaxis Form 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, Behavior 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 (in Parent Handbook).

____ 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).

____ 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).

____ Payment Responsibilities- Auto-pay is required. Credit card payments will be auto charged on
Friday mornings for the following week. (See Fee & Service Contract page in Registration Packet.)
There is a \$10.00 Late Tuition Payment Fee for failed payments, Late Pick up Fees incur after 6:00pm &
Collection Fees on delinquent accounts (p. 1-3). 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.

____ BASCOL is closed 7/4, 8/31 and 9/1. Fall Program begins on 1st day of school. Separate registration is
required.

Child/ren's Name(s): _____ Site: _____

Parent's Name: _____

Parents Signature: _____ Date: _____

BASCOL SUMMER 2023 FEE AND SERVICE CONTRACT



Copy
Forwarded

Total Paid @ Registration
\$ _____

CHILD/REN'S NAME(s): _____

I hereby enroll my child/ren in BASCOL's Summer Program. I contract for services as indicated below from June 26th, 2023 through August 30, 2023 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. I understand I must set up auto pay and my card will be charged automatically for the balance due on Friday mornings for the following week. 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) Credit Card Payment# _____	
Last Week(s) Deposit- Weeks 9 and 10 are due at registration or last week signed up for as deposit Amount \$ _____ Date _____		Due at time of registration (Non-refundable, No Changes) Credit Card Payment# _____	
Field Trip Fees- <i>Must go on field trip if signed up for day.</i> Amount Due at Reg. \$ _____ Date _____		Due at time of registration (Non-refundable) Credit Card Payment# _____	
T-Shirt Fee- Must have a BASCOL T-shirt to attend field trips Amount \$ _____ Date _____ Received Shirt(s) Yes or No		Due at time of registration (Non-refundable) Credit Card Payment# _____	
Week 1	June 26th to June 30th	# Days	(Deadline to cancel or make changes 6/1/23) \$ _____ Tuition Charged on June 23 rd
Week 2	July 3rd to July 7th CLOSED on Tuesday, July 4th.	# Days	(Deadline to cancel or make changes 6/1/23) \$ _____ Tuition Charged on June 30 th
Week 3	July 10th to July 14th Field Trip to The Most on 7/12/23 Yes <input type="checkbox"/> No <input type="checkbox"/> \$25 per child. <i>Must go on field trip if signed up for day.</i>	# Days	(Deadline to cancel or make changes 6/1/23) \$ _____ + \$ _____ FT Fee Tuition Charged on July 7 th
Week 4	July 17th to July 21st	# Days	(Deadline to cancel or make changes 6/1/23) \$ _____ Tuition Charged on July 14 th
Week 5	July 24th to July 28th Field Trip to Erie Canal on 7/26-L'Pool, 7/27-Cen. Sq. & SAS Yes <input type="checkbox"/> No <input type="checkbox"/> \$20 per child. <i>Must go on field trip if signed up for day.</i>	# Days	(Deadline to cancel or make changes 6/1/23) \$ _____ + \$ _____ FT Fee Tuition Charged on July 21 st
Week 6	July 31st to August 4th Field Trip to MET's Game on 7/9/23 Yes <input type="checkbox"/> No <input type="checkbox"/> \$25 per child. <i>Must go on field trip if signed up for day.</i>	# Days	(Deadline to cancel or make changes 7/1/23) \$ _____ + \$ _____ FT Fee Tuition Charged on July 28 th
Week 7	August 7th to August 11th	# Days	(Deadline to cancel or make changes 7/1/23) \$ _____ Tuition Charged on August 4 th
Week 8	August 14th to August 18th	# Days	(Deadline to cancel or make changes 7/1/23) \$ _____ Tuition Charged on August 11 th
Week 9	August 21st to August 25th ** Field Trip to Beaver Lake on 8/23/23 Yes <input type="checkbox"/> No <input type="checkbox"/> \$20 per child. <i>Must go on field trip if signed up for day.</i>	# Days	**NO CHANGES OR REFUNDS** \$ _____ + \$ _____ FT Fee Tuition Due at Registration
Week 10	August 28th to August 30th** CLOSED on 8/31 and 9/1 Field Trip to Seabreeze on 8/30 Yes <input type="checkbox"/> No <input type="checkbox"/> \$48 per child. <i>Must go on field trip if signed up for day.</i>	# Days	**NO CHANGES OR REFUNDS** \$ _____ + \$ _____ FT Fee Tuition Due at Registration

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 auto-pay on Fridays for tuition due for following week and will pay an additional \$10.00 late charge per week for any failed payments.

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 by June 1st for July, July 1st for August 1st—18th, and *no changes or refunds can be made for Week 9 & 10.*****

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 _____

REMINDER:

This registration packet must be fully completed, along with any other required forms as needed, with registration fee and deposit paid before your child will be officially registered and enrolled in the BASCOL Summer Program.



Credit Card Payment Authorization

I hereby authorize BASCOL (Before and After School Child Care on Location) to automatically, periodically charge my account for any and all fees and charges incurred by me pursuant to the FEE AND SERVICE CONTRACT (the "Contract") attached hereto and made part hereof.

1. I understand and agree that with respect to fees for services provided under the Contract, my account will be charged one week in advance of actual attendance.
2. I also understand and agree that any and all additional fees and charges under the Contract will be charged to my account as incurred, including but not limited to, additional attendance, fees for failure to provide a two week notice for a reduction of scheduled services, late charge, late pick-up, and non-sufficient funds fees.
3. I agree to provide BASCOL written notification of any changes to the information provided hereunder at least two weeks prior to the effective date of such changes.
4. In the event any payment authorized hereunder is denied by my account, I understand and agree that I will remain personally liable for the payment of any balance due to BASCOL.
5. I further understand and agree that BASCOL does not waive any available rights or remedies with respect to the collection of any balance due BASCOL pursuant to the Contract.
6. This authorization shall remain valid until BASCOL receives written notification of my termination of the Contract.

I have read and understand the terms and conditions stated above and hereby authorize BASCOL to use the following account information to obtain payment as described herein:

Child/ren's Name(s) _____ Site _____

BASCOL Account Holder's Name: _____

Please charge my credit card ☐ Auto-Pay ☐ One Time Payment ☐ *Other _____

Charge Card Type ☐ Master Card ☐ Visa ☐ Discover

Charge Card Number: -

Expiration Date: / 3 Digit code on back of card:

Name as it appears on Credit Card: _____

*What is card being charged for ☐ Fall Registration ☐ Summer Registration ☐ Current Payment ☐ Other _____

*Amount to Charge Card \$ _____

Cardholder's Billing Information:

Print Name

Address

Phone

City

State

Zip

Signature: _____ Date: _____