BASCOL

Before & After School Childcare on Location, Inc.

Fall 2026 – 2027
Registration Packet

SPACE IS LIMITED

BASCOL Office | 4610 Wetzel Road
Liverpool, NY 13090
PHONE: 315-622-4815 | FAX: 315-622-4885
www.bascol.org

OUR MISSION

To provide convenient, quality NYS licensed
Before & **A**fter **S**chool **C**hildcare **O**n **L**ocation with
engaging activities for children in Grades K through 6th.

Goals

- BASCOL is a fun and recreational based program.
- BASCOL creates a safe and nurturing environment.
- BASCOL's caring staff encourage each child to grow to their fullest potential.

First Day of School

Central Square — Tuesday, September 8, 2026

Liverpool Schools — Tuesday, September 8, 2026

Lyncourt School — Tuesday, September 8, 2026

Stonehedge Elementary — Tuesday, September 8, 2026

Solvay District — Tuesday, September 8, 2026

*OCFS Regulations Apply

BASCOL 2026-2027 SCHOOL YEAR 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 10-14 business day processing period before your child may begin.***

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

1st Child Information

CHILD'S NAME_____ **Nickname (If any)**_____

Birth date _____ Age _____ Gender ☐ M ☐ F

School _____ Child's Grade as of Sept. 2026: ____ 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** ☐ **No** Asthma*Req. Med Form or No Meds Dr Note _____

☐ **Yes** ☐ **No** Allergies*Require OCFS 6029 Form _____

☐ **Yes** ☐ **No** Intolerance _____

☐ **Yes** ☐ **No** Diabetes or Seizures _____

☐ **Yes** ☐ **No** Takes Regular Medication _____

***If yes**, list name of medication(s)* _____

☐ **Yes** ☐ **No** Allergic to Medications _____

☐ **Yes** ☐ **No** ADHD *(list 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

☐ **Yes** ☐ **No** Court/Custody Issues (***if yes**, attach a copy of court/custody paper*)

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** ☐ **No** Receives services at school (speech, OT, PT, etc.) has IEP, 504 plan, or behavior plan.***

Please explain and attach copy of plan. _____

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

☐ **Yes** ☐ **No** Other (Please explain)_____

2nd Child Information

CHILD'S NAME_____ **Nickname (If any)**_____

Birth date _____ Age _____ Gender ☐ M ☐ F

School _____ Child's Grade as of Sept. 2026: ____ 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)

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☐ **Yes** ☐ No Allergies*Require OCFS 6029 Form _____

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☐ **Yes** ☐ **No** Diabetes or Seizures _____

☐ **Yes** ☐ **No** Takes Regular Medication _____

***If yes**, list name of medication(s)* _____

☐ **Yes** ☐ **No** Allergic to Medications _____

☐ **Yes** ☐ **No** ADHD *(list 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

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☐ **Yes** ☐ **No** Receives services at school (speech, OT, PT, etc.) has IEP, 504 plan, or behavior plan.***

Please explain and attach copy of plan. _____

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

☐ **Yes** ☐ **No** Other (Please explain)_____

BASCOL 2026-2027 SCHOOL YEAR REQUIRED EMERGENCY INFORMATION

Copied

Home Site	Pick-Up Password	Full Day Site

In An Emergency Notify

	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	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	Name; Home Address; Employer; Occupation; Does child reside w/ you? 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 other than parent/s)**
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	9/8/26-6/25/27
Hand Sanitizer	Per Product Labels	9/8/26-6/25/27

** _____ _____
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	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
		2026	through	6	25	2027

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 2026-2027 SCHOOL YEAR 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. _____ Initial I have received a 2026-2027 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. I understand I must set up auto-pay for tuition payments.
2. _____ Initial 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.
3. _____ Initial 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.
4. _____ Initial 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.
5. _____ Initial I give the school nurse permission to release my child/ren's medical and immunizations records to BASCOL.
6. _____ Initial I do or (_____ I do not) agree to receive text messages from BASCOL.
7. _____ Initial I will provide special information to BASCOL to assist BASCOL in caring for my child/ren (diet, 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. A parent meeting may be required prior to completion of enrollment.
8. _____ Initial I have received a summary of BASCOL's evacuation plan including the primary and secondary evacuation sites. (As stated in parent handbook.)
9. _____ Initial 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 representatives. 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**.
10. _____ Initial I understand and agree that I am obligated for payment of my weekly contracted rate regardless of attendance. **This includes holidays and vacations.**
11. _____ Initial 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 $15.00 late sign up fee per child.**
12. _____ Initial 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.
13. _____ 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 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's website, Facebook, Instagram, YouTube and TikTok.

-Or-

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

How did you originally hear about us?

☐ Google Ad ☐ Facebook ☐ Family Times Magazine Ad ☐ Syracuse Parent Magazine Ad

☐ Clipper Card Coupon ☐ School ☐ Previously Attended & Where _____ ☐ Othe _____

Parent/Guardian Signature_____ **Date**_____

BASCOL 2026-2027 School Year Parent Orientation Checklist

☐ Copied to parent

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

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

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

_____ Please check your e-mail for communications and the parent table for flyers/newsletters.

_____ BASCOL provides morning and afternoon snacks each day.

_____ The BASCOL Site Cell Phone Number is Choose Site

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

_____ Hours of Operation (p. 6) (Please sign in & sign out and write arrival & pick up times)

_____ Sign-Up Sheets for Full Days and Half Days (p.10-12) 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—$25.00 less than a week away if there is room); Please pack a lunch on half days and full days. Your full day MHE - 315-715-2033

_____ Delays & Early Dismissals (p.7-9) 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. 15) (Must be over 18, know password and have photo ID)

_____ Medication Administration required paperwork (if applicable) (p. 22-23) Please Note: All medications required at BASCOL Home Site are also required at the BASCOL Full Day Site. Parents are responsible for transporting medications. If child takes medicine at home but not at BASCOL a doctor's note may be required. For diagnosed allergies, OCFS 6029 Individual Allergy and Anaphylaxis form is required. For Asthma, an Asthma Action Plan and Medication Consent form or dr. note for no medication is required.

_____ Individual Health Care Plan (if applicable) —Please allow 10-15min on the first day your child attends to review w/ site 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. Program Manager will review and call parent if needed to discuss. A parent meeting may be required prior to completion of enrollment.

_____ 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. 19) **Please call 315-622-4815 whenever your child will not attend a scheduled after school session.**

_____ Change of Enrollment/Withdrawal (p. 10-11) Two week notice in writing is required.

_____ BASCOL reserves the right to disenroll your child from the program due to: more than 3 late pick ups, failure to pay your weekly contracted rate, if there are consistent disciplinary issues with your child that put other children or staff at risk physically and/or emotionally, or if a parent/guardian is verbally or physically abusive or threatening to staff or program participants. (p. 11)

_____ Behavior Expectations Please review Behavior Management Plan in Parent Handbook (p. 17)

_____ Weekly Contracted Rate Credit cards payment will be auto charged on Friday mornings regardless of attendance (p. 10) (For the upcoming week, even during vacation weeks.) **Auto-pay is required.**

_____ Email Statements—Billing statements are e-mailed each week.

_____ Late Tuition Payments—$25.00 late payment fee (p. 10)

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

_____ Concern Procedure (p. 24) Please call 315-622-4815 with any questions or concerns.

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

_____ Received a copy of BASCOL's OCFS Evacuation Plan Summary (in parent handbook).

Parent's Signature:_____ Date:_____

2026-2027 SCHOOL YEAR
BASCOL FEE AND SERVICE CONTRACT

☐ Copied to Parent

Child/ren Names _____

Fees Due at Time of Registration

Registration Fee:

$40.00 per child Regular Enrollment (Non-Refundable) _____

$45.00 per child SHO+ Enrollment (Non-Refundable) _____

TOTAL Due at Registration _____

Date Paid_____ *Complete Credit Card Payment Authorization Page*

First week tuition will be auto-charged on _____

E-mail Address for billing statements and communications:_____

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 set up auto-pay for weekly tuition charges and will pay an additional $25.00 late charge per week for any fee not paid in full by the Friday 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 Friday 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 _____**Last 4 digits of SS#**_____ **Date**_____

Before and After School & Summer
Child Care Programs
www.bascol.org

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 Weekly on Fridays* ☐ 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**: _____

**I understand that if there is a holiday on Friday, the weekly auto-pay will be processed the following Monday*

Before and After School Childcare on Location, Inc.
4610 Wetzel Road ♦ Liverpool, NY 13090 ♦ 315-622-4815 ♦ Fax: 315-622-4885