## BASCOL 2025-2026 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.\*\*\*

	<u> 3rd Child Information</u>	
CHILD'S NAME	Nic	kname (If any)
CHILD'S NAME Ag	e Gende	r: M or F
School Child's Grade as o	f Sept. 2025: Class	sroom Teacher
Schedule—Circle Days—Circle all that apply: M	one: AM PM BOTH T W H F Desired S	
In order to provide your child with th description, if your child has any of t Yes or No Asthma*	e best services possible ple he following conditions: (Pl	ase let us know, along with a brief ease circle yes or no for each)
		*No medication needed
Yes or No Diagnosed Allergies* Yes or No Sensitivities or Intolerances		while at DASCOL.
Yes or No Diabetes		event of an emergency 911
		(Dr. note may be required)
Yes or No Epilepsy or Seizures		
Yes or No Takes Regular Medication		
Yes or No Allergic to Medications		Parent Signature
Yes or No ADHD (list accommodations)		ustad ( nanars)
Yes or No Court/Custody Issues (if ye **Court Orders must be provided to the BASCOL O		
Yes or No Receives services at school (		
Please explain and attach copy of pla		
Yes or No Is your child able to successf	ully participate in a program w	vith 1 adult per group of 10 children?
Yes or No Other (Please explain)		
	4th Child Information	
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CHILD'S NAME	Nic	kname (If any)
CHILD'S NAME Ag	e Nic	kname (If any) r: M or F
CHILD'S NAME Ag Birth date Ag School Child's Grade as o	Nic e Gende f Sept. 2025: Class	sroom Teacher
CHILD'S NAME Ag Birth date Ag School Child's Grade as o	Nic e Gende f Sept. 2025: Class one: AM PM BOTH	sroom Teacher or SHO PLUS*
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