

**Sioux Valley BASE**  
**2017-18 School Enrollment Form**

Today's Date \_\_\_\_\_

Child's Name	Age	DOB	Gender	Grade	Teacher

Parent(s) or guardian(s) with whom child resides:

**Mother's**  
 Name \_\_\_\_\_ Address \_\_\_\_\_ phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ phone \_\_\_\_\_

**Father's**  
 Name \_\_\_\_\_ Address \_\_\_\_\_ phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ phone \_\_\_\_\_

Other children in family (include names and ages):  
 \_\_\_\_\_

Email addresses for BOTH parents:

Mom \_\_\_\_\_ Dad \_\_\_\_\_

**Departure Procedures:** Please indicate what the departure procedure will be for your child (example: wait to be picked up by parent or authorized person, etc.). If a change in this procedure is to be made at a later date, you must inform the staff in writing of any new instructions.  
 Request departure/pick-up procedure:  
 \_\_\_\_\_

**Persons Authorized to pick up your child:**

Any changes in this list **must** be received from you in writing.

1. \_\_\_\_\_ Phone \_\_\_\_\_ 3. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ 4. \_\_\_\_\_ Phone \_\_\_\_\_

**\*\* NOTE:** Please notify the BASE program director of any special circumstances relating to persons who are **NOT** authorized to pick up your child.

**Emergency Numbers:** Please give the name, address, and phone number of two people that may be notified in case of an emergency or illness, when a parent or guardian are **not** available. These people should live close to Volga. Please provide a phone number where these people may be reached during program hours.

\_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 (Name and relation to child)

\_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 (Name and relation to child)

**Child/rens Physician:**

Name \_\_\_\_\_ Clinic/Hospital Name \_\_\_\_\_

Doctors Office Phone \_\_\_\_\_

Are there any health problems/allergies that would restrict your child's participation in program activities? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Emergency Medical Release**

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the program staff to act on my behalf to grant permission for my child to receive emergency treatment.

\_\_\_\_\_  
Date Signature of parent or guardian

**Photographic Permission**

I DO I DO NOT (circle one) give permission to have my child appear in social media coverage approved by the Sioux Valley Before and After School Enrichment program. I understand that the Program Director, has been given authority by the school board to determine appropriate requests.

\_\_\_\_\_  
Date Signature of parent or guardian

**Parental Release Form**

I hereby give permission for my child/ren to take part in all activities of the Sioux Valley Before and After School Enrichment program, and release the program of responsibilities other than reasonable care. I also authorize the BASE program director to obtain a copy of my child/rens immunization records from authorized school personnel.

In consideration for allowing the Sioux Valley Before and After School Enrichment program to utilize the facility of Sioux Valley School, the undersigned specifically releases the said school from any and all liability or claim due to my child's presence on the premise of said school.

As a parent or guardian, I hereby authorize the program staff to carry out any measures deemed necessary should an emergency occur, including securing, at the expense of the undersigned, appropriate medical treatment for the child, and hereby release the Sioux Valley Before and After School Enrichment program, their agents and employees, from any and all liability or claim arising out of the child's engagement in the above program.

\_\_\_\_\_  
Date Signature of parent or guardian

I will be paying a flat rate fee for a full time or part time contract for my child/ren, to attend the Sioux Valley Before and After School Enrichment program. I agree to accept financial responsibility for my childcare bills, and understand changes can be made with at least two-week notice to the program director in writing. Medical leaves of absence, work schedule changes, maternity leave etc., are some examples that validate a need for attendance changes.

**Person responsible for payment:**

Name \_\_\_\_\_ Address \_\_\_\_\_ ZIP \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_  
Date Signature of parent or guardian