Hello!
So this must be the sign that Spring is coming when I put out the information for Summer!

These will be the rates for Summer 2018
Full time per week-$120 two kids is $180
Part time per week is $85
   Includes: morning snack, lunch, and afternoon snack

These are the following activities that BASE Staff will be responsible to getting children to:
Swimming Lessons
Session one-9:45am
Session two-5pm
Session 3-5pm

Ball
T-Ball
Coach Pitch
Minors
Majors
Softball 10U
Softball 12U

Other
Variety Sports--July 9th-13th

Pool
If you choose to purchase a pool pass that is up to you. Otherwise you will need to send cash with your child for the week.

Sign up for Park and Rec will be Wednesday, March 21 from 2:45-7:15pm

Start date for Summer BASE is Tuesday May 29, 2018. Last Day of Summer BASE will be Thursday August 16, 2018. First day of school year BASE will be August 22, 2018.

We plan to be one of the first groups to move sometime this summer. Those dates have not been determined but as soon as we hear from administration I will let you know when that move will be. I ask for your cooperation as we make this move because it is going to be so worth the wait and craziness we have endured!

I have attached the enrollment sheets and registrations sheets. I only need the enrollment sheet back with the $10 registration fee. If you have changes that need to be made to your registration please do so. If you did not attend school year BASE please fill out both.
So that I can also plan for fall, please let me know if you plan to have your child enroll for Fall 2018-19!
I will have a place on the Parent Table to turn in paperwork!

Please feel free to share with others who may have an incoming JK or K for summer.
This information will be added to the school website in the next few days and it will also be on the parent table.

Thank you
Nikki Moir
nikki.moir@k12.sd.us
605-627-5657ext 226
SUMMER Enrollment 2018

_____Yes, my child will be attending School Year BASE 2018-19

  _____Mornings  _____Afternoons  _____Full Time

Child/ren Name____________________________________________________________________
Parent’s Name____________________________________________________________________
Mom’s Cell Phone #______________________ Dad’s Cell Phone #__________________________
Address _______________________________________________________________
Mom’s Email ____________________________Dad’s Email________________________________

I would like my child/ren to be …

  _____Full Time Summer (4-5 days a week) $120 a week for 1 child; $180 a week for 2 children
  _____Part Time Summer (1-3 days a week) $85 per child

*Enclose a Non-refundable registration fee in the amount of $10.00 per child with this form*

DUE BY FRIDAY MAY 4, 2018

Office Use Only

$10.00 Registration Fee ___ Check Number ______Date Received_______________
Sioux Valley BASE

2018 Summer Registration Form

Today's Date__________________

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Age</th>
<th>DOB</th>
<th>Gender</th>
<th>Grade going into</th>
<th>Teacher</th>
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</table>

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.
________________________________________________________________________________
(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