

Summer is on its way!

These will be the rates for Summer 2019

Full time per week-\$125 two kids is \$190

Part time per week is \$90

Includes: morning snack, lunch, and afternoon snack

These are the following activities that BASE Staff will be responsible to getting children to. We will ONLY take to these activities, any other activities you sign your child up for, you will be responsible to getting them to and from.

Swimming Lessons

Session 1 (June 3-7 and June 10-14) 5-5:50pm--You will need to pick up at the pool

Session 2 (June 17-21 and June 24-28) 5-5:50pm--You will need to pick up at the pool

Session 3 (July 8-12 and July 15-19) 5-5:50pm--You will need to pick up at the pool

Ball

T-Ball—9:30-10:30-Tuesday and Thursday

Coach Pitch—8:30-9:30-Tuesday and Thursday

Minors—9:30-10:30-Monday, Wednesday, Friday

Majors—10:30-11:30-Monday, Wednesday, Friday

Softball 10U-9:30-10:30-Monday, Wednesday, Friday

Softball 12U-10:30-11:30-Monday, Wednesday, Friday

Pool

An annual pool pass for one child is \$50.00 and a family pass is \$95. If you choose not buy a pool pass, the cost per day is \$2.00.

Sign up for Park and Rec will be Wednesday, March 6 from 2:45-7:15pm

Start date for Summer BASE is up in the air. Without the snow days, our first day would have been May 28th. Under normal circumstances, we like to have a few days to prepare for the summer. As soon as we make it through SPRING, we will get the date set. Last Day of Summer BASE will be Thursday August 15, 2019. First day of school year BASE will be August 21, 2019.

I have attached the enrollment sheets and registrations sheets.

Already in BASE--I only need the enrollment sheet back with the \$10 per child registration fee. If you need to update information, please fill out a new registration form.

NEW to BASE--please fill out the enrollment and registration forms.

So that I can also plan for fall, please let me know if you plan to have your child enroll for Fall 2019-20!

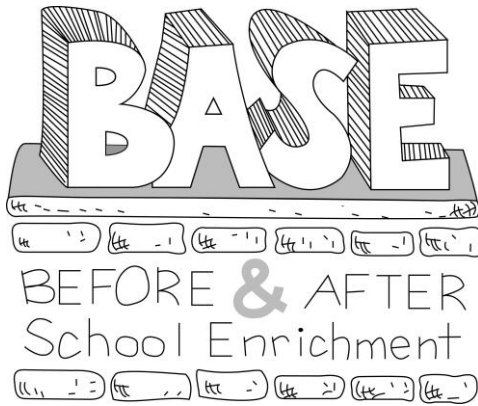
I will have a place on the Parent Table to turn in paperwork!

Thank you

Nikki Moir

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605-627-5657ext 213



SUMMER Enrollment 2019

Yes, my child will be attending **School Year BASE 2019-20**
 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) \$125 a week for 1 child; \$190 a week for 2 children

Part Time Summer (1-3 days a week) \$90 per child

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

DUE BY FRIDAY MAY 3, 2019

Office Use Only

\$10.00 Registration Fee ___ Check Number _____ Date Received _____

Sioux Valley BASE 2019 Summer Registration Form

Today's Date _____

Childs Name	Age	DOB	Gender	Grade going into	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 parents 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