



## Holy Cross BASC Summer Program - Registration Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Family Name \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address *if different from above* \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Employer Name & Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address *if different from above* \_\_\_\_\_

Father's Cell \_\_\_\_\_ Work # \_\_\_\_\_

Father's Employer Name & Address \_\_\_\_\_

Guardian Name \_\_\_\_\_

Guardian Address \_\_\_\_\_

Guardian Zip \_\_\_\_\_ Guardian Home # \_\_\_\_\_

Guardian Cell \_\_\_\_\_ Work # \_\_\_\_\_

Guardian Employer Name & Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Emergency Contact Zip \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

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**Persons authorized to pick-up child(ren) (including parents). Fill in names and telephone numbers below:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Any parental custody arrangements we should be made aware of?**

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**Health Information:**

**Family Doctor:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Hospital:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Will your child(ren) require regular medication during the Summer Child Care Program?**

- YES (Please provide details below)**
- NO**

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## Parent Consent Authorization

Please initial each line and provide a signature at the bottom of the page stating you have read and understand each item:

\_\_\_\_\_ In the event of an emergency, I authorize any medical treatment that may be necessary. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or my emergency contact person cannot be reached.

\_\_\_\_\_ I understand that my \$25.00 or \$35.00 registration fee per school year (or summer) is non-refundable.

\_\_\_\_\_ I understand that if my child is unable to follow the behavior expectations of the Holy Cross BASC Program, I may be asked to find alternative care.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature