

Fremont Before & After School Program Application 2021-2022

Please print legibly; complete all sections front and back

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, ALL APPLICATIONS MUST BE FILLED OUT IN ITS ENTIRETY
 PLACEMENTS WILL BE GIVEN IN THIS ORDER: SINGLE PARENTS, 2 WORKING PARENTS, GUARDIANS TO STUDENTS,
 THEN ON A FIRST COME FIRST SERVE BASIS
 Program start: August 24th, 2020**

Student Information (one application per child)

Student Name: (first, last)	Date:
Address:	
Date of Birth:	Gender: Male Female
Language spoken at home:	Grade:
New to Fremont Elementary? Yes No	Teacher:
Siblings also applying to the program (Names): (one application must be filled out for each child)	Program Requested: AM PM Both

Parent/Guardian Information

Name:	Name:
Relationship:	Relationship:
Address:	Address:
City:	City:
Phone Number:	Phone Number:
Email:	Email:
Employer:	Employer:
Work Address:	Work Address:
Supervisor:	Supervisor:
Supervisors phone number:	Supervisors phone number:
Work Hours:	Work Hours:

Name:	Name:
Relationship:	Relationship:
Address:	Address:
City:	City:
Phone Number:	Phone Number:
Email:	Email:
Employer:	Employer:
Work Address:	Work Address:
Supervisor:	Supervisor:
Supervisors phone number:	Supervisors phone number:
Work Hours:	Work Hours:

Emergency Contact and Sign Out Information

If BASP Staff are unable to get in contact with the Parents/Guardians listed above, they will contact individuals in the below in the order listed. The following people, including parents/guardians, are authorized to sign the student out of the program.

ANYONE SIGNING OUT A STUDENT MUST BE PREPARED TO SHOW PICTURE ID!

	Name	Relationship to child	Phone Number	Preferred Language
1				
2				
3				
4				
5				

Are there any custody or restraining orders for persons who may attempt to pick up or have contact with the child while in the program? No Yes (Any applicable paperwork must accompany this application)

Name _____

Name _____

Days & Reasons my child will not be attending the program: (EX. Wednesdays for Scouts or Tuesdays for piano)

Child's Medical History

Please write none if your child has no medical problems.

Allergies (food, medications, bees, etc.) _____

Chronic or recurrent illness or diseases (asthma, seizures, diabetes, etc.) _____

Does your child take medication for this condition? Yes No

If yes, please state name and dosage _____

Will medication need to be given during program hours? Yes No

If yes, how and when is it to be given? _____

(Proper paperwork must be filled out by a doctor- forms can be obtained in the office)

Emergency Release

I authorize the provision of emergency treatment if the above child becomes ill or injured while under program care. I understand that an ambulance may be called and my child may be transported by ambulance if needed.

Parent/ Guardian Initial _____

Video/Picture Release

I give permission to have my child appear in candid pictures and any media coverage approved by the program.

Parent/ Guardian Initial _____

Travel Release

I give permission for my child to leave the school for field trips and release the Before and After School Program of any liability. I understand there may be walking field trips or bus trips.

Parent/ Guardian Initial _____

Financial Agreement

I agree to pay tuition to the before and after school program on time. Tuition is due by the 15th of each month. Late charges will apply after the 25th of the month. I understand that there will be late fees, \$1 a minute, if my child is picked up late.

Parent/Guardian Initial _____

Please describe why your family needs this program: _____

Please describe any further information that will be helpful in understanding and caring for your child:

I give my child permission to attend the program. I release the program from any and all liability. I understand it is my responsibility to sign my child IN to the before school program and OUT of the after-school program. My child and myself will read and sign the parent handbook upon acceptance into the program. My child will follow all rules and guidelines to ensure a safe environment for all students and staff. We are aware failure to do so will require disciplinary action which could result in removal from the program.

Parent/ Guardian Signature _____ Date _____
Questions? Call the program at (801) 402-2318 or cell phone (801) 719-7474 and leave a message.

Fremont Before and After school Program **Fee Schedule**

*Acceptance Fee: \$20.00 per student

Fremont BASP Families	Families who DO NOT Qualify for Free or Reduced Lunch	Families who Qualify for Reduced lunch (with proof of reduction)	Families who Qualify for Free Lunch (with proof of reduction)
Before School Only	\$35.00 per month/per student	\$20.00 per month/per student	Free
After School Only	\$50.00 per month/per student	\$35.00 per month/per student	Free
Before and After School	\$60.00 per month/per student	\$40.00 per month/per student	Free

To receive free and reduced pricing you MUST provide a proof of eligibility.

There is a \$20.00 non-refundable registration fee per student (with \$5.00 off each additional student, immediate family members only). Enrollment is based on a first come first served basis as space is limited.

1. Tuition Policy:

Tuition is due by the 15th of each month. Late fees will ensue on the 25th of the month. Students will not be permitted to come back to the program until late fees and tuition are paid in full. There will be a \$1.00 a minute fine for those students who are not picked up before 6 pm.

2. Attendance Policy:

Attendance is expected at least twice a week unless spoken to director to notify. This is to ensure that the students get the benefits of tutoring and homework assistance. If your student is expected and does not arrive a phone call home will be sent out. Students who are consistently not following this requirement will be removed from the program.