



Fayette County Public Schools

Family – Optimism – Courage – Unity – Service

Fayette County Public Schools B.A.S.E.

B.A.S.E. Parents,

Welcome to the Fayette County Public Schools' Before and After School Enrichment Program, B.A.S.E. We are very proud of the services provided by this program, and hope that you will find it to be both helpful to you as a parent and beneficial to your child. The B.A.S.E. staff will strive to make this an extended learning opportunity that will compliment and support the regular school day.

As schools open in a hybrid model, B.A.S.E. registration will begin on October 20, 2020. The applications are on the district website. Due to COVID-19, there may be limited spaces in order to adhere to social distancing guidelines. Only registered students will be allowed to attend B.A.S.E., and **parents should plan to provide transportation for their child(ren)**. Students will receive a healthy snack, assistance with homework, and safe social interaction. B.A.S.E. operational hours and fees are listed below. The B.A.S.E. Handbook will be provided upon receiving a completed application.

Please contact Andrea Underhill (andrea.underhill@fcsk12.net) should you have further questions or concerns.

Again, welcome to B.A.S.E.

Andrea Underhill
Before and After School Program Coordinator

Fees Per Week

3 Full Days In addition to 2 Cohort Days	1 child	2 children	3 + children
2-Days 6:30 AM to 8:00 AM 3:30 PM to 6:30 PM	\$40	\$60	\$80
3-Days 6:30 AM - 6:30 PM			

2 Cohort Days (Only)	1 child	2 children	3 + children
2-Days 6:30 AM to 8:00 AM 3:30 PM to 6:30 PM	\$15	\$25	\$35



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Before & After School Enrichment Registration

School Location: OES, BCES, SWES, LMES
(CIRCLE ONE)

Full Day (Non-Cohort) Location: OES or BCES
(SWES may attend OES; LMES may attend BCES)

Cohort Days: M/W or T/TH
(CIRCLE ONE)

Registration Fee Attached Date Received: _____ Received by: _____

	LAST NAME	FIRST NAME	D.O.B.	GRADE	A.M. 6:30-8:00	P.M. 3:30-6:30	FULL DAY 6:30 AM-6:30 PM
1							
2							
3							
4							
5							

Ethnicity (choose one): Hispanic Non-Hispanic, Latino or Spanish Origin

Race (choose one): American Indian/Alaskan Native Asian White Black/African American

Pacific Islander/Native Hawaiian

Parent/Legal Guardian Information

Name of Mother/Guardian: _____ Home Ph: _____ Cell Ph: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____ Work Ph: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Name of Father/Guardian: _____ Home Ph: _____ Cell Ph: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____ Work Ph: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian Signature: _____ Date: _____



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Please List All Persons Who MAY Pick Up Your Child

DO NOT LEAVE BLANK

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please List All Persons Who MAY NOT Pick Up Your Child

DO NOT LEAVE BLANK

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Information

Name of person (other than parent/guardian) authorized to act for the parent in an emergency:

DO NOT LEAVE BLANK

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

Name of Child's Physician: _____ Phone: _____

Physician's Address: _____ City: _____ Zip: _____

Child's Health is: Excellent Good Fair Poor

Please describe any medical conditions including allergies: _____

Medication

Please list all medications that your child takes on a daily basis. This information would be provided to emergency medical personnel in case of an emergency. Please refer to the B.A.S.E. Camp Parent Handbook for details regarding dispensing medication while in B.A.S.E. Camp.

Medication Name	Daily Dosage	Reason Prescribed

In the event of an emergency and in the event that I cannot be reached, I hereby give my permission to the B.A.S.E. Camp staff to secure proper medical treatment for my child and, if deemed necessary, I give permission for emergency services to transport my child to the nearest medical facility for treatment

Parent/Legal Guardian Signature: _____ Date: _____