

Pentucket Regional School District

Before & After School Program

General Information 2022 - 2023

Student Information:

School Attending _____

Child's Name _____ DOB _____ Sex _____

Address _____ Home Phone # _____

Parent(s)/ Guardian(s) Information:

Contact 1 _____ Email _____

Address _____ Home # _____ Cell # _____

Employer _____ Work # _____

Contact 2 _____ Email _____

Address _____ Home # _____ Cell # _____

Employer _____ Work # _____

Is there any separation or divorce custody issue of which the BASP staff should be aware of? Y or N
If a custody order or protection order is in place, the BASP must have an up to date copy in child's file.

If yes, please explain:

Indicate the name of the person responsible for tuition payment

Name: _____

If this is different from the name of Parent / Guardian listed above, complete the following

Address _____ Home Phone # _____

Emergency Information:

These should be local persons who may be notified in case of emergency when parents/guardians are not available.

Name _____

Address _____ Home Phone # _____

Name _____

Address _____ Home Phone # _____

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Release of Child:

Children will only be released to the parent or guardian.

If someone other than the parent or guardian will be picking up your child, you must notify the BASP by phone on that particular day.

DO NOT RELEASE MY CHILD TO: (complete if applicable)

Name: _____

Medical Information: Epi pen or inhalers must be provided to BASP

1. Allergies (food, medication, bees, etc): _____
2. Chronic or recurrent illness, disorders or other diagnosis _____
3. Does your child take medication for #2 above? **Y or N**
 - a. If yes, please state name and dosage _____
4. Will the medication need to be taken during the BASP hours? **Y or N**
 - a. If yes when? _____

Child Information:

1. Other children in the home:

| Name | DOB | Enrolled in Program? |
|------|-----|----------------------|
| | | |
| | | |
| | | |

2. How does your child get along with others? _____

Please give any further information which you believe will be helpful to staff in understanding and caring for your child. _____

Schedule: *Please circle days of the week and indicate hours*

A.M. session Y or N: arrival time _____ (circle all that apply) M T W TH F

P.M. session Y or N: departure time _____ (circle all that apply) M T W TH F

Grade in September 2022 _____

PROGRAM COPY

Please keep a copy for your records updated 3/28/2022