Student ID #

☐ AM PROGRAM ☐ KINDER PROGRAM

☐ PM PROGRAM ☐ TK PROGRAM

School: _____

BASE Programs Membership Application

2019-2020 School Year

_____ _____ _____

Child's First Name | Middle Initial | Child's Last Name

_____/_____/_____ _____ _____ _____ _____

Birth Date | Age | Grade | Male | Female

_____ _____ _____

Home Address | City | Zip Code

(_____)_____ _____

Home Phone Number | E-mail Address

_____ _____ (_____)_____

Father/Guardian First Name | Father/Guardian Last Name | Father/Guardian Cell Phone Number

_____ (_____)_____

Father/Guardian Employer | Father/Guardian Work Phone & Extension

_____ _____ (_____)_____

Mother/Guardian First Name | Mother/Guardian Last Name | Mother/Guardian Cell Phone Number

_____ (_____)_____

Mother/Guardian Employer | Mother/Guardian Work Phone & Extension

Emergency Contacts: (Please remember to update emergency contacts if they change)

_____ (_____)_____

Name of Emergency Contact #1 (other than parent) | Emergency Phone Number

_____ (_____)_____

Name of Emergency Contact #2 (other than parent) | Emergency Phone Number

_____ _____

Parent's Signature | Date

My child is currently: Special Ed (on an IEP) _____ On a 504-Plan _____ Has 1:1 Aide per an IEP_____
If yes, list any information that may assist staff in supporting your child after school activities:

_____

_____.

MEDICAL INFORMATION:

_____ _____

_____ _____

Medical Conditions, Allergies, Special Needs | List All Medications

***THIS IS AN INITIAL APPLICATION. ADDITIONAL DOCUMENTS ARE REQUIRED FOR REGISTRATION** Please send completed application to: corieslali@baseprograms.com Questions? 760.859.6005 (call/text) baseprograms.com