

# B.A.S.E.C. 2018-2019 Registration Form

(A separate form should be completed for each child.)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Birthdate: (Optional) \_\_\_\_\_

Circle one:            Elmwood                                  John Mills

I would like my child to do homework before participating in activities:    Yes: \_\_\_\_\_    No: \_\_\_\_\_

Address of Child's Residence: \_\_\_\_\_

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

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

With whom does the child reside?    Mother                  Father                  Other \_\_\_\_\_

Parent / Guardian's Telephone Information:

Mother's Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Information

- **Payment will be collected one week in advance. Tuition for the first week and a non-refundable registration fee must be paid at the time of registration. Any debts owed to the District must be paid in full before your application to BASEC can be processed.**
- **Registration will be accepted at Elmwood and John Mills BASEC**
- **Direct any questions to Ruth Lucento at 708.583.6286**

***Entire rate applies to any partial week attended. Please check and circle your choice below.***

<b>WEEKLY RATES</b>					
Weekly <input type="checkbox"/>	Part-Time (1 to 2 days)		Full-Time (3 to 5 days)		Full-Time Before & After School (3 to 5 days)
	Before School	After School	Before School	After School	
	\$20	\$40	\$35	\$60	

<b>MONTHLY RATES (BASED ON 4 SERVICE WEEKS)</b>					
Monthly <input type="checkbox"/>	Part-Time (1 to 2 days)		Full-Time (3 to 5 days)		Full-Time Before & After School (3 to 5 days)
	Before School	After School	Before School	After School	
	\$80	\$160	\$140	\$240	

**Tuition** \_\_\_\_\_

(1 child - \$30; 2 children - \$45; 3 children - \$50) **Registration Fee** \_\_\_\_\_

**Total Due** \_\_\_\_\_

**Please make your check payable to Elmwood Park CUSD #401.**

***Please indicate your child's weekly schedule: (circle days)***

**Before School:    M   T   W   Th   F   - - - -    After School:    M   T   W   Th   F**

**For Office Use Only**

Date Submitted: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_