

St. Genevieve School  
209 Princeton Road  
Elizabeth NJ

BASC PROGRAM (BEFORE AND AFTER SCHOOL CARE) APPLICATION

PLEASE PRINT OR TYPE

FAMILY NAME \_\_\_\_\_

CHILD'S NAME (1) \_\_\_\_\_ GRADE: \_\_\_\_\_  
(2) \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

EMERGENCY CONTACT PERSONS

1. NAME \_\_\_\_\_ 2. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE INDICATE THE TIME THAT YOUR CHILD/CHILDREN WILL BE ATTENDING BEFORE AND AFTER SCHOOL CARE

MORNING CARE 7:15-8:10

BEGINNING TIME  
\_\_\_\_\_ A.M.

AFTER CARE

3 - 4 \_\_\_\_\_  
3 - 5 \_\_\_\_\_  
3 - 6 \_\_\_\_\_

PICK UP TIME  
\_\_\_\_\_ P.M.

COMMENT: CHILDREN WILL BE RELEASED ONLY TO THE PARENT UNLESS  
A WRITTEN REQUEST IS RECEIVED.  
PLEASE BE SURE ALL INFORMATION IS CORRECT.

FEES ARE PAYABLE WEEKLY ON A WEEKLY FLAT-RATE AT  
\$7.00 PER HOUR OR ANY PART OF.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_