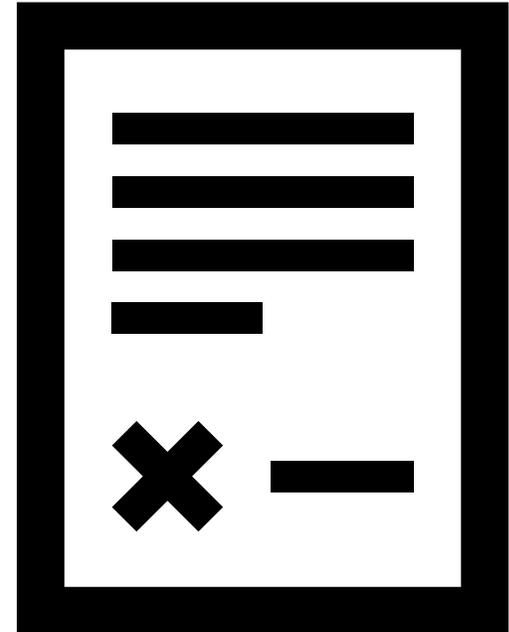


# How to Fill out an Aftercare Student Application

- Parents must register online
- Google Chrome is required
- Parents must use FSI number  
(06 Number)

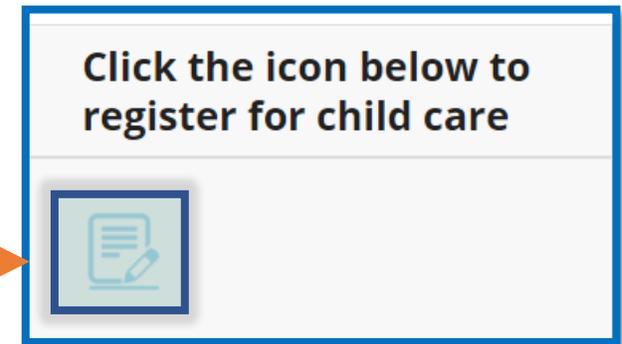


# Student Application

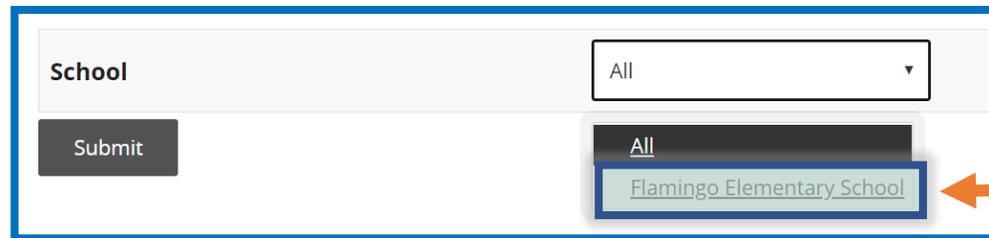
- 1) Open Google Chrome (must use this browser)
- 2) Go to [www.basccbroward.com](http://www.basccbroward.com)
- 3) Click "Online Registration"



- 5) Select the icon to go to application site



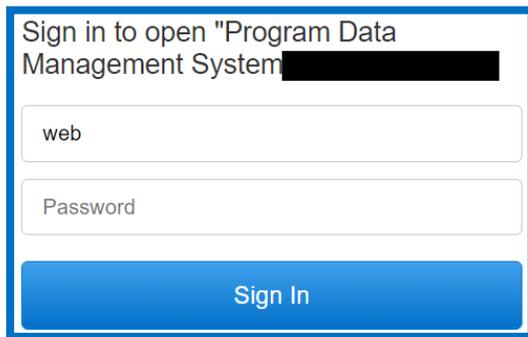
- 4) Select the school at the bottom.
  - Next, select "Submit"



# Student Application

## 6) Parent login

- Login name: web
- Password: **LEAVE IT BLANK** (no password required)



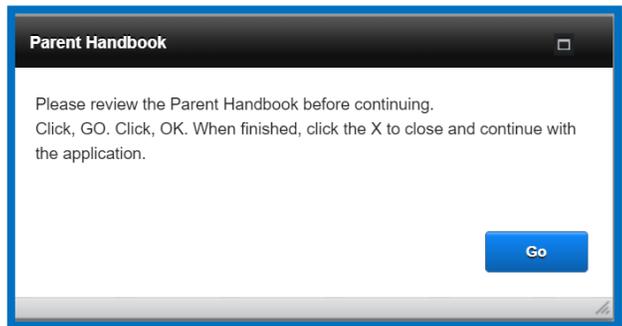
Sign in to open "Program Data Management System" [REDACTED]

web

Password

Sign In

## 7) Read through the pop-up window and select "GO"

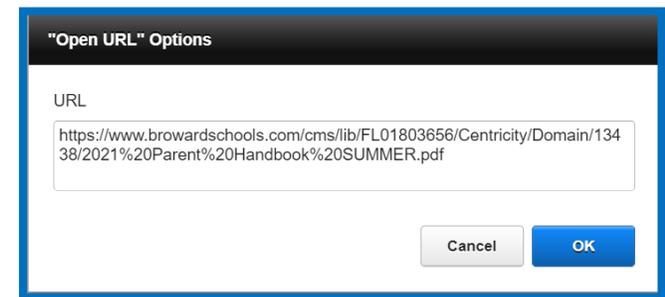


Parent Handbook

Please review the Parent Handbook before continuing.  
Click, GO. Click, OK. When finished, click the X to close and continue with the application.

Go

## 8) Read through the pop-up window and select "OK" (this will open the parent handbook in a pop-up window, which they can save it)



"Open URL" Options

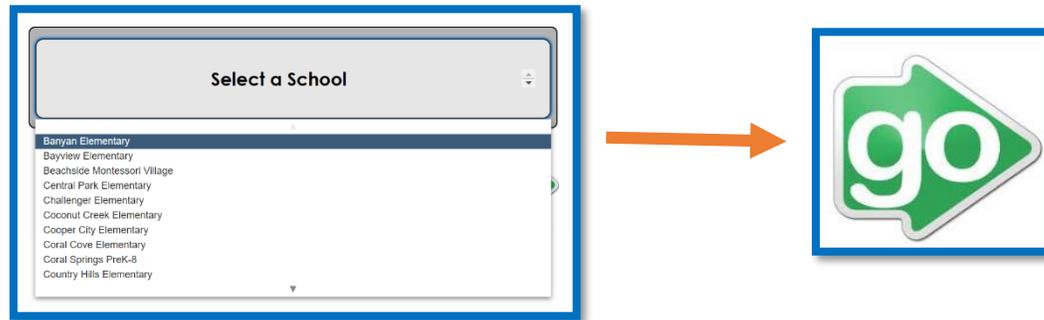
URL

<https://www.browardschools.com/cms/lib/FL01803656/Centricity/Domain/13438/2021%20Parent%20Handbook%20SUMMER.pdf>

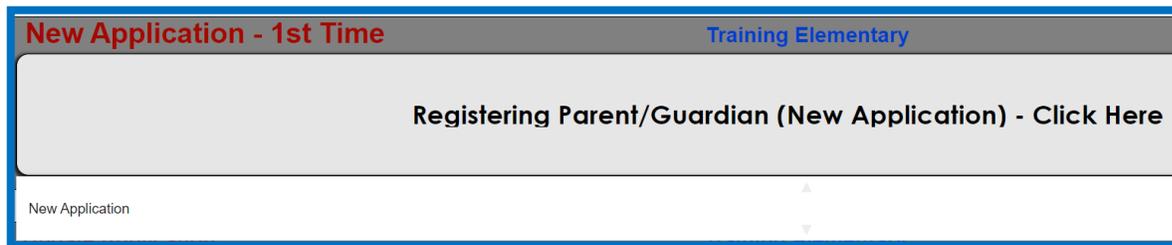
Cancel OK

# Student Application

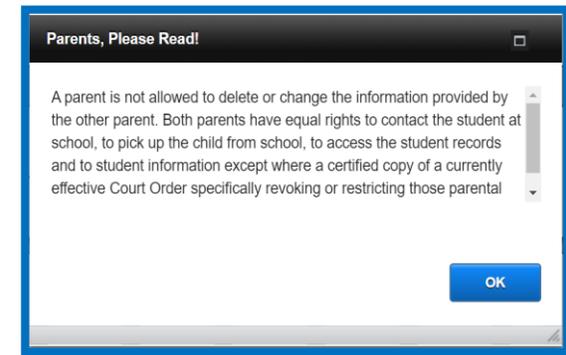
9) Click “Select a school button” and choose your school. After that, select the “Go” button.



10) Select “Registering Parent/Guardian – Click Here”

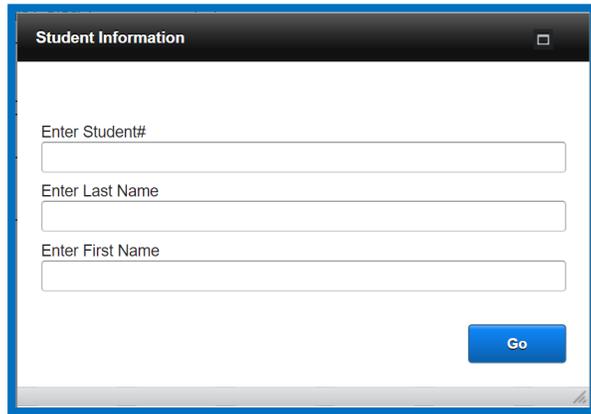


11) Read through the pop-up window and select “OK”



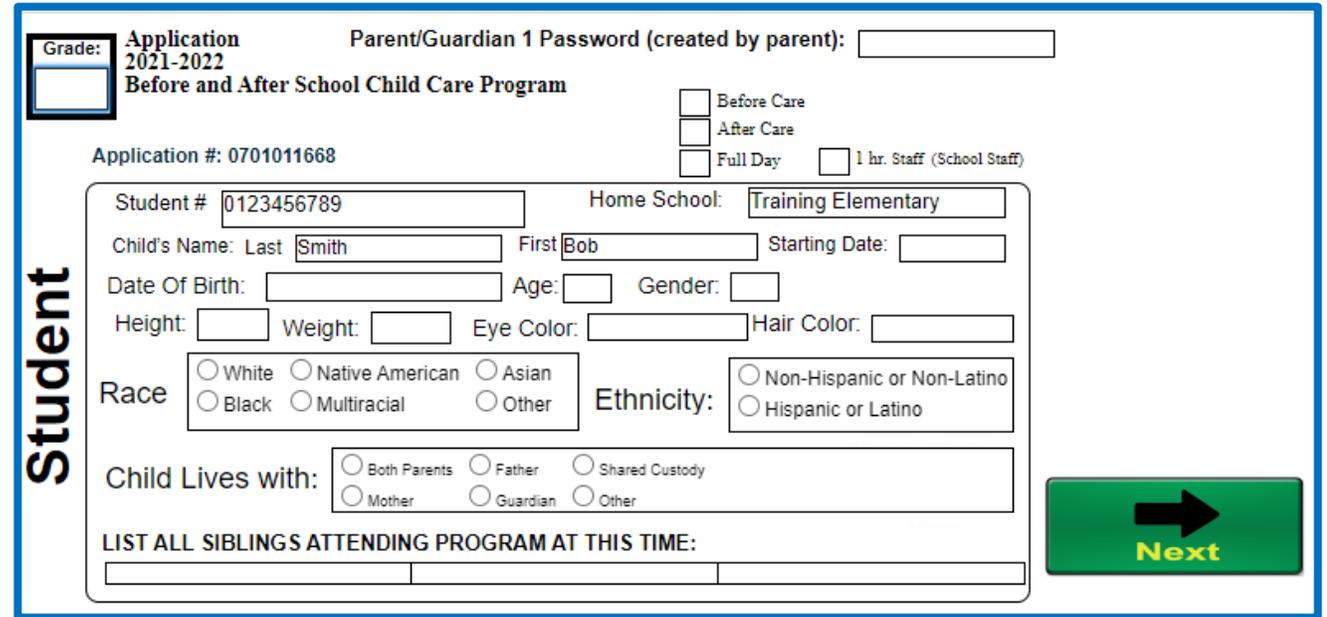
# Student Application

12) Enter student information on all fields. If you don't have a student number, please contact the site supervisor.



A screenshot of a web form titled "Student Information". It contains three text input fields labeled "Enter Student#", "Enter Last Name", and "Enter First Name". A blue "Go" button is located at the bottom right of the form.

13) Fill out all the fields then select "Next".



A screenshot of a web form titled "Student" with a vertical label on the left. The form is for an "Application 2021-2022 Before and After School Child Care Program". It includes a "Grade:" dropdown menu, a "Parent/Guardian 1 Password (created by parent):" field, and checkboxes for "Before Care", "After Care", "Full Day", and "1 hr. Staff (School Staff)". The "Application #: 0701011668" is displayed. The form contains several input fields: "Student # 0123456789", "Home School: Training Elementary", "Child's Name: Last Smith First Bob Starting Date:", "Date Of Birth:", "Age:", "Gender:", "Height:", "Weight:", "Eye Color:", and "Hair Color:". There are radio button options for "Race" (White, Native American, Asian, Black, Multiracial, Other) and "Ethnicity" (Non-Hispanic or Non-Latino, Hispanic or Latino). A "Child Lives with:" section has radio buttons for "Both Parents", "Father", "Shared Custody", "Mother", "Guardian", and "Other". At the bottom, there is a section titled "LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:" with a table structure. A green "Next" button with a right-pointing arrow is located at the bottom right.

# Student Application

14) Fill out all the fields then select “Next”.

Registration  
2021-2022  
Before and After School Child Care Program

Student #  Child's Name:

Are you a Broward County School Employee?  Yes  No if yes, enter your personnel #

Do you work in the following fields: first responder or healthcare?  Yes  No

**Guardian 1**  
Name (First)  (Last)  Cell Phone   
Primary Address  Cell Phone Provider   
City  State  Zip  Work Phone   
HomePhone

Click here if the Registering Adult address, is the same as the Second Adult.

**Guardian 2**  
Name (First)  (Last)  Cell Phone   
Second Address  Cell Phone Provider   
City  State  Zip  Work Phone   
HomePhone

List Email Addresses:

Can your child be photographed?  Yes  No

**Next**

15) Fill out the fields then select “Next”.

- If any options are “Yes”, parent/guardian must add information in pop window.

Application  
2021-2022  
Before and After School Child Care Program

Student #  Child's Name:

Family Doctor:  Doctor Phone#:

*Important medical concerns we should be aware of (conditions, medications, health history, etc.):*

Does your child have any medical concerns?  Yes  No If Yes,

Does your child have allergies?  Yes  No If Yes,

Does your child take any medications?  Yes  No If Yes,

Does your child have any special concerns we need to be aware of?  Yes  No If Yes,

Does your child have any special needs we should be aware of?  Yes  No If Yes,

Does your child receive any special services during the school day?  Yes  No If Yes,

**Next**

Does your child have any medical concerns?  Yes  No If Yes [Click Here To Add The Medical Concern](#)

Close Medical Concerns  
Tell us about your child's medical concerns:

# Student Application



Student #  Child's Name:

The Parent/Guardian Authorized Release / Contact MUST be a person other than the Parent/Guardian 1 and 2. If no one is listed, than Local Police MUST be listed. The person MUST be listed on the top line.

Authorized  
Release/Contact  
for Parent /  
Guardian 1

Name	Relationship	Home Phone	Work or Cell Phone

I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.

Print Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date 7/6/21

Application #: **0701011668**

Thank you for submitting an application to enroll your child in a BASCC program. Your application has been submitted. This does not guarantee enrollment in the program. Your application will now enter the review process. Please check your email for further information and confirmations.

We recommend saving a screenshot of this page, and reviewing the important information below:

- Due to COVID-19, spaces are limited.
- Save your confirmation number for reference.
- A confirmation email will be sent after application has been received.
- A second confirmation email will be sent if/when the application has been accepted.
- Allow five business days for processing.

**Please verify your email address below:**

Email: azhar.khan@browardschools.com

Email Verification: \_\_\_\_\_

Upon entering the program, all students begin a two-week trial period. If the program cannot meet the student's needs, the student may be withdrawn.

I declare this information to be true and correct. I agree that my electronic signature is legal and binding. It is equivalent to my handwritten signature:

Signature (Print Name): \_\_\_\_\_



- 16) Fill out all the fields then select "Next".
- Email verification and Signature (Print Name) must be filled out.
  - Must have at least one other authorized release/contact that aren't the parents/guardians.
    - If they do not have an alternative pickup, they must put Broward Sheriff Office (BSO).

# Student Application

17) Fill out all the fields then select “Next”.  
All the pink fields are required.

**Application**  
2021-2022  
Before and After School Child Care Program

Student # 0123456789 Child's Name: Bob Smith  
School Training Elementary Date: 7/6/2021

By initialing and signing this form, I acknowledge that I have read and understand the following:

The policies and procedures that have been outlined in the Parent Handbook are in place to ensure the safety and well-being of my child while attending the program. I have read them and agree to follow them. I have also discussed the rules of the program with my child.

In addition, I understand some of my responsibilities include, but are not limited to:

I must present my photo identification for pick-up verification.

I must notify the supervisor, directly, if my child will not be attending the program.

My child will be expected to behave in accordance with the “Code of Student Conduct” for Broward County Public Schools.

All payments for Before and After School Child Care Programs must be made in advance of receiving childcare.

Failure to pay in advance will result in dismissal from the program. Payment due dates are given to parent/guardians upon registration. Fees must be paid on or before the scheduled, “Last Day to Pay”

I must pick up my child(ren) on time. Failure to do so may result in dismissal from the program. A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. These fees must be paid prior to the next period payment.

If my child is on the Broward Free/Reduced Meal Program, funds may be available for partial scholarship. It is my responsibility to request this information and provide necessary documents for the application.

It is my responsibility to keep my own records and receipts for income tax purposes.

It is my responsibility to follow SBBC COVID-19 guidelines.

Parent/Guardian Signature:  Date: \_\_\_\_\_

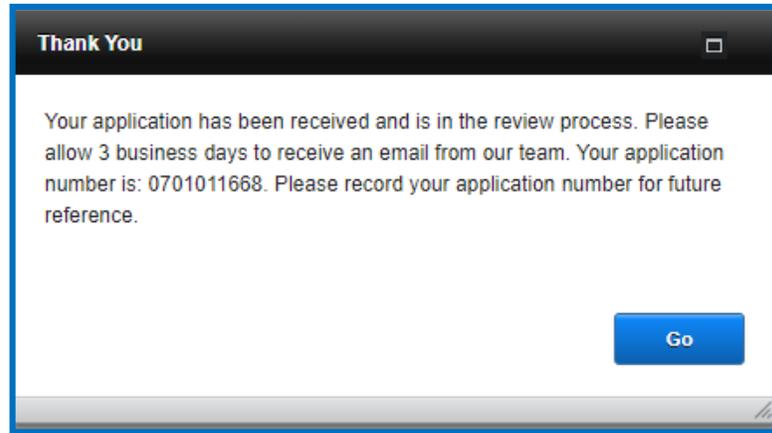
I agree that my electronic signature is legal and binding. It is equivalent to my handwritten signature:

18) Select “Complete Application”

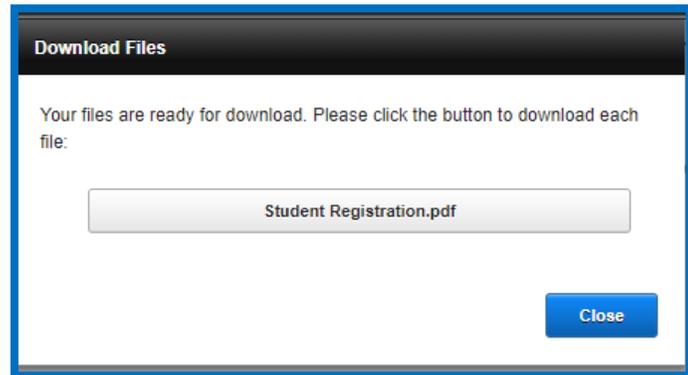


# Student Application

21) Read pop-up then select "Go".



22) The parent can download a pdf copy of the student application to their electronic device.



Example of application:

A screenshot of a student application form. The form is titled 'Application 2021-2022 Before and After School Child Care Program'. It includes fields for 'Grade' (K), 'Application # 0701011668', 'Before Care' (checkbox), 'After Care' (checkbox with X), 'Non-School Days' (checkbox), 'Full Day' (checkbox), and '1 hr. Staff (School Staff)' (checkbox). The 'Student' section includes fields for 'Student # 0123456789', 'Home School: Training Elementary', 'Child's Name: Last Smith First Bob', 'Starting Date: 7/6/21', 'Teacher's Name', 'D/O/B: 01/01/2001', 'Hair Color: Black', 'Age: 20', 'Gender: M', 'Height: 23', 'Weight: 130', 'Eye Color: Brown', 'Ethnicity', 'Race' (Whit, Black, Native, Multiracia, Asian, Other), and 'Child Lives with: Both, Mothe, Father, Guardia, Shared Custody, Other'. The 'Parent / Guardian 1' section includes fields for 'Name (First) John (Last) Smith', 'HomePhone', 'Cell Phone 754-321-3330', 'Primary Address 123 Fake Street', 'City fort lauderdale', 'State FL', 'Zip 33301', and 'Cell Phone Provider AT&T'. The 'Parent / Guardian 2' section includes fields for 'Name (First) Mary Sue (Last) Smith', 'HomePhone', 'Cell Phone 321-555-4576', 'Second Address 123 Fake Street', 'City fort lauderdale', 'State FL', 'Zip 33301', and 'Cell Phone Provider T-Mobile'. The 'Medical / Special Concerns' section includes fields for 'List Email Addresses: azhar.khan@browardschools.', 'Can your child be photographed? Yes No', 'Family Doctor', 'Doctor Phone#', 'Important medical concerns we should be aware of (conditions, medications, health history, etc.):', 'Does your child have any medical concerns? Yes No If Yes, Dust Peanuts', 'Does your child have any allergies? Yes No If Yes, Dust Peanuts', 'Does your child take any medications? Yes No If Yes, What? Where?', 'Does your child have any special concerns we need to be aware of? Yes No If Yes', 'Does your child have any special needs we should be aware of? Yes No If Yes', and 'Does your child receive any special services during the school day? Yes No If Yes'. The 'Authorized Release/Contact for Parent / Guardian 1' section includes a table with columns for 'Name', 'Relationship', 'Home Phone', and 'Work or Cell Phone'. The table has one row: 'Tom Smith', 'Uncle', '954-228-2354'. Below the table is a declaration: 'I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.' and a signature line: 'Signature Print Name John Smith Relationship to child Father Date 7/6/21'.

# Student Application

The parent will receive a confirmation of the application in their email.

- A site supervisor will send a separate email confirming their enrollment in the program

Application #: 0701011668

Smith, Bob

Thank you for submitting an application for enrollment in your child's Before and After School Child Care (BASCC) program. This does not guarantee a spot in the program. The application is in the review process. Please continue to monitor your emails for further information and/or confirmation.

We recommend saving this email, and reviewing the important information below:

- Due to COVID-19, spaces are limited.
- Save your application number for reference.
- A second confirmation email will be sent if/when the application has been accepted.
- Allow three business days for processing.
- If you have not applied for Free of Reduce Meals assistance. Window will open July 17, 2020 for the 2020-2021 school year.
  - To apply click on the following link: <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww2.myschoolapps.com%2FHome%2FPickDistrict&data=04%7C01%7Cazhar.khan%40browardschools.com%7Ccdb00988ab464a5deb7d08d94099bcd%7Ceeacb5cb53704358a96aa3783c95d422%7C1%7C0%7C637611851309959059%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCi6Mn0%3D%7C1000&data=uhb4Y6qwMNVahnpr31FQjCpPPYpa%2FEKfsOph%2FqXx%2F6k%3D&reserved=0>
- If you have selected that your child has a special concern or needs medical assistance, you will be contacted by the site supervisor. They will schedule a Zoom or Microsoft Team meeting to see how the program can best meet your child's needs.