

Before and After School Child Care Application Instructions

Please follow the steps below to complete your application. If you have Adobe Reader, begin at step 2.

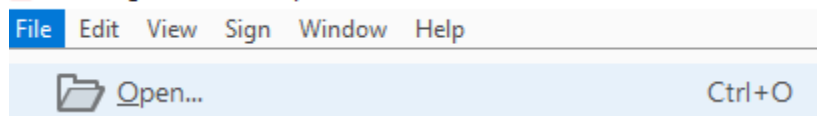
1. Download and install Adobe Reader to your computer.

[Adobe Acrobat Reader DC Download | Free PDF viewer for Windows, Mac OS, Android](#)

2. Download the registration form that was emailed to you from the childcare supervisor.

3. Open the registration in Adobe Reader.

- Select "File"
- Select "Open"
- Locate where you downloaded the file



4. The required fields are highlighted in red.

Student #

5. Type your full name in the signature field. This will serve as your electronic signature and will certify that the information you provided is true and correct.

Signature

6. Once the registration form is complete, save it to your computer and email it back to your childcare supervisor at the school.

If you have any issues, reach out to the Before and After School Child Care tech team at (754)321-3314.

Please fill out all the required fields (red highlighted boxes)

Parent/Guardian 1 Password:

Parent/Guardian 2 Password:

Grade:

Application
Before and After School Child Care Program

Before Care
 After Care Non-School Days
 Full Day 1 hr. Staff (School Staff)

Application #:

Student

Student # School:
 Child's Name: Last First Starting Date:
 Teacher's Name: D/O/B: Hair Color:
 Age: Gender: Height: Weight: Eye Color: Ethnicity:
 White Black Native American Multiracial Asian Other Non-Hispanic or Non-Latino
 Hispanic or Latino
 Child Lives with: Both Parents Mother Father Guardian Shared Custody Other
 LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:

Are you a Broward County School Employee? Yes No Personnel #:

Parent / Guardian 1

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

Parent / Guardian 2

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

List Email Addresses:

Can your child be photographed? Yes No

Medical / Special Concerns

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

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.

Signature _____ Print Name _____ Relationship _____ Date _____
 to child _____

Authorized Release/Contact for Parent / Guardian 2

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.

Signature _____ Print Name _____ Relationship _____ Date _____
 to child _____

**Application
Before and After School Child Care Program**

Student # _____ Child's Name: _____
School _____ Date: _____

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 Broward County Public Schools "Code Book for Student Conduct".
- All payments for Before and After School Child Care Programs must be made prior to receiving services.
- 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.
- It is my responsibility to request scholarship 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.

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

Parent/Guardian Signature: Date: _____

Application #:

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:

- Save your application 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.
- Please allow five business days for processing.

Please verify your email address below:

Email: _____

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): _____

Before & After School Child Care (BASCC) Media Release Form 2022-2023

As a Parent/Guardian of a student enrolled in a BASCC program, I understand that my child may be photographed, videotaped or interviewed by the news media or by the School District for informational and/or promotional purposes. I understand that pictures and interviews may be used on the District's website, in School District publications, external publications and electronic/social media as indicated below.

You Must Mark a Choice in Both Section A and Section B

(If no choice is marked in both sections, then the choice will default to Choice #1)

Section A - External Outlets/Media

Please Check Choice #1 or Choice #2

1. I WILL permit my student to be photographed, videotaped, and/or interviewed by the news media when the news media has secured proper authorization from Broward County Public Schools
2. I WILL NOT permit my student to be photographed, videotaped, and/or interviewed by the news media.

Section B - BASCC Programs - Broward County Public School

Please Check Choice #1 or Choice #2

1. I WILL permit my student to be photographed, videotaped, and/or interviewed for school publications, such as newsletters, school, program and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors. I understand the District may be required to release this information if requested by the media or other members of the public (i.e., public records requests).

Note: Student's name and grade, teacher's name, and school's name may be released in order to facilitate school-based publications.

2. I WILL NOT permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school newsletters, school, program and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors.

Student Name (PRINT)

Student Number

Parent Guardian (PRINT)

**Parent/Guardian Signature
(retype your name)**

Date