

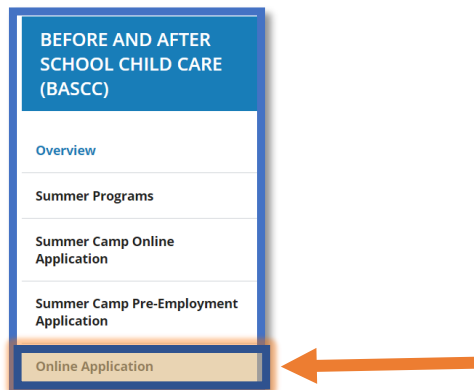
# SBO Parent/Guardian Application Instructions

## Before you begin:

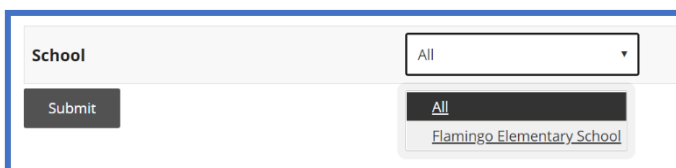
- Parents must register online
- Google Chrome is required
- Incomplete applications are deleted daily at midnight
- Parents must use 10-digit FSI number (ex: 0610000000)
- You must do a new application even if the student went to the childcare program the previous year.

## Instructions:

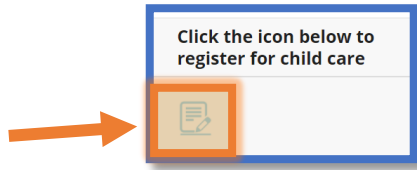
- 1) Open Google Chrome (must use this browser)
- 2) Go to [www.basccbroward.com](http://www.basccbroward.com)
- 3) Select "Online Application"



- 4) Select your child's school

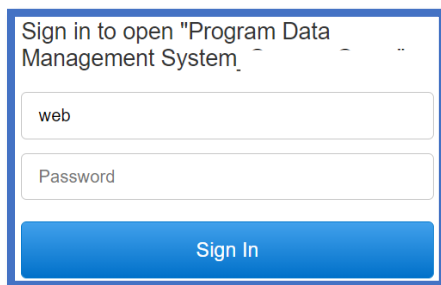
A screenshot of a form for selecting a school. The form has a 'School' label on the left. To the right is a dropdown menu with 'All' selected. Below the dropdown is a 'Submit' button. Below the dropdown is a list of school options, with 'All' and 'Flamingo Elementary School' visible.

5) Click the icon to go to application site

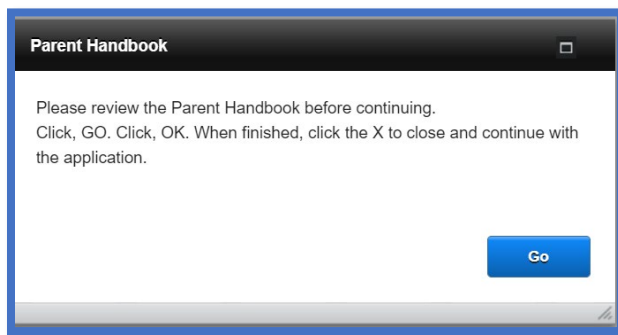


6) Parent/Guardian login

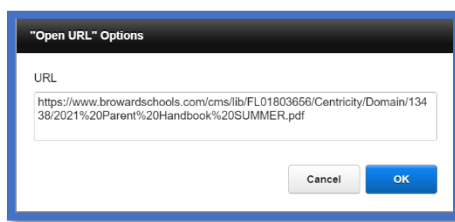
- Login name: web
- Password: **LEAVE IT BLANK (no password is required)**

A screenshot of a login form titled "Sign in to open 'Program Data Management System'". It features two input fields: the first contains the text "web" and the second is labeled "Password". Below the fields is a blue "Sign In" button.

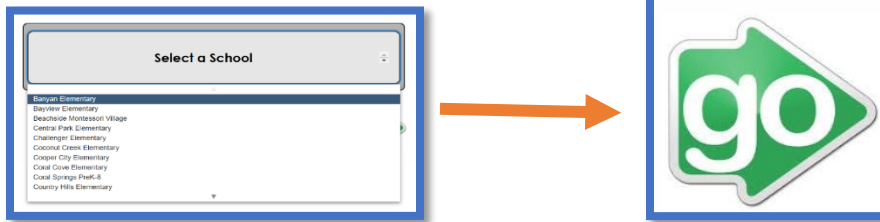
7) Read through the pop-up window and select "Go"



8) Read through the pop-up window and select "OK". This will open the parent handbook in a separate pop-up window. Save, print or read through it, then continue.

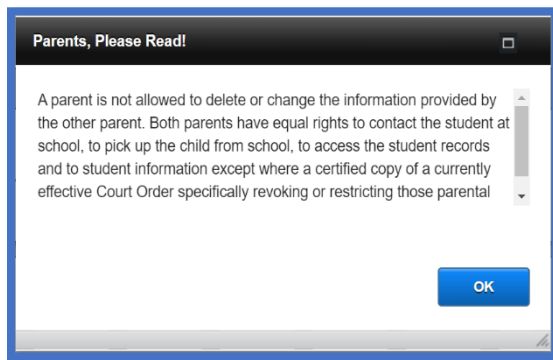


9) Click "Select a School" button and choose your school. Next, select the green "go" button.



10) Select "Registering Parent/Guardian (New Application)- Click Here"

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



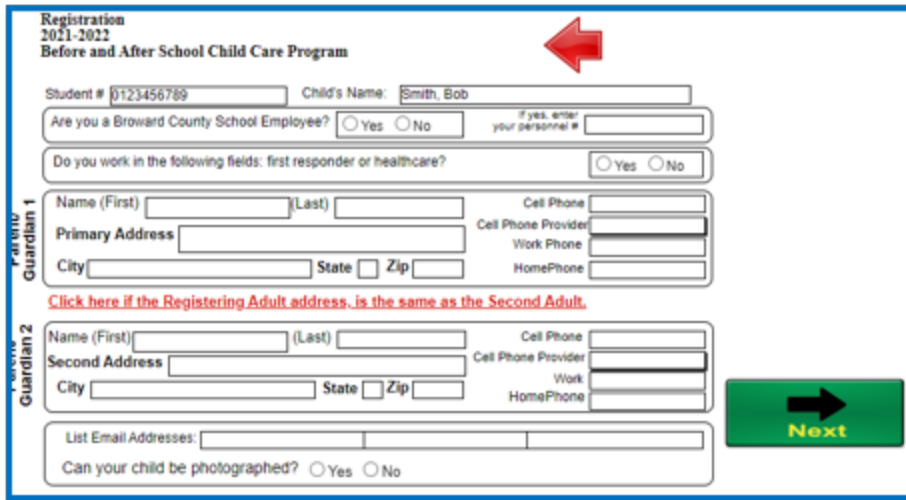
12) Enter student information on all fields. If you don't have a student number, please contact the site supervisor.

A screenshot of a "Student Information" form. It has three input fields: "Enter Student#", "Enter Last Name", and "Enter First Name". At the bottom right of the form is a blue button labeled "Go".

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

A screenshot of a registration form for "Before and After School Child Care Program". The form includes fields for "Grade" (Application 2021-2022), "Parent/Guardian 1 Password", "Application #", "Student #", "Home School", "Child's Name", "Date Of Birth", "Age", "Gender", "Height", "Weight", "Eye Color", "Hair Color", "Race", "Ethnicity", and "Child Lives with". There are radio buttons for "Before Care", "After Care", "Full Day", and "1 hr. Staff (School Staff)". A large green button with a right-pointing arrow and the word "Next" is located at the bottom right of the form.

14) Fill out all the fields then select "Next"



Registration  
2021-2022  
Before and After School Child Care Program

Student # 0123456789 Child's Name: Smith, Bob

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

**Parent 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.](#)

**Parent Guardian 2**

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

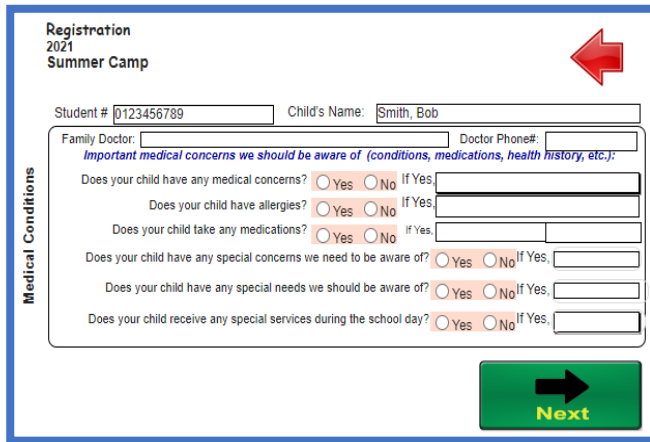
List Email Addresses: \_\_\_\_\_

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 (see Figure A)



Registration  
2021  
Summer Camp

Student # 0123456789 Child's Name: Smith, Bob

Family Doctor: \_\_\_\_\_ Doctor Phone#: \_\_\_\_\_

**Medical Conditions**

*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, \_\_\_\_\_

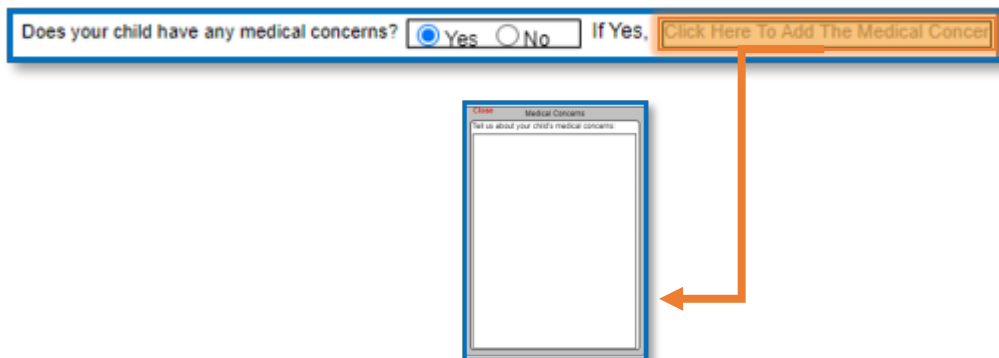
Does your child have any special concerns we need to be aware of?  Yes  No If Yes, \_\_\_\_\_

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**

Figure A



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

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 in addition to the parents/guardians.
  - If you do not have an alternative pickup, please add Broward Sheriff's Office (BSO).

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

Student # 0123456789 Child's Name: Smith, Bob

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

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 #: **070101668**

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): \_\_\_\_\_

**Next**

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

Student # 0123456789 Child's Name: Bob Smith  
 Home School: Training Elementary Date: 06/14/2021

**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 summer 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 SBCC COVID-19 guidelines.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: 03/29/2021

18) Checkmark a selection in each section.

- Choice 1 will be the default if a selection is not made.

**Before & After School Child Care (BASCC) Media Release Form (SummerCampOnly)**

As a parent 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 Make 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.

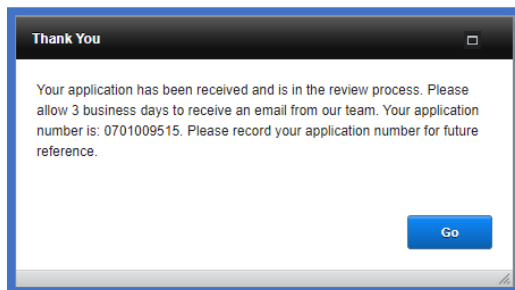
Bob Smith Student Name (PRINT)	Bob Smith Student Signature	03/29/2021 Date
Tom Smith Parent Guardian (PRINT)	Tom Smith Parent/Guardian Signature	03/29/2021 Date

**Complete Application**

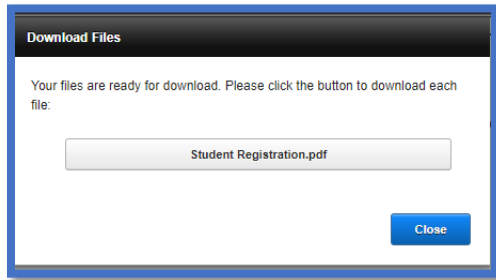
19) Select "Complete Application"



20) Read pop-up then select "Go". Write down your application number.

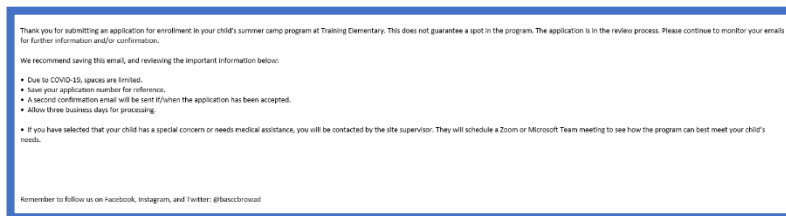


21) The parent/guardian can download a pdf copy of the student application to their electronic device.



22) The email address used for the application will receive a confirmation of submission.

- A site supervisor will send a second email confirming enrollment or waitlist in the program



**Important Reminders:**

- Ensure you provide a monitored email address. Updates and communication regarding your child's application to the program will arrive via email.
- Initialing all the items on the last page of the registration form acknowledges you have read and agree to the items in the Parent Handbook.
- Sign the page by typing your first and last name where indicated.
- You will receive an email within three business days from your program's childcare supervisor, informing you if your child had been accepted into the program or placed on the waitlist.
- All communication will include your application number. Please make a note of it.
- If you are accepted, you will need to make your payment in the e-Store.
- If your child is put on a waitlist, the supervisor will contact you when space becomes available.
- If you have any questions, please contact your school and speak with the childcare supervisor.