

SBO Parent/Guardian Application Instructions

Before you begin:

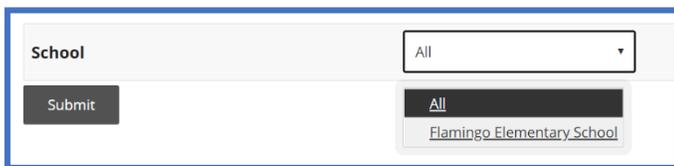
- Parents must register online
- Google Chrome is required
- Incomplete applications are deleted daily at midnight
- Parents must use 10-digit FSI number (ex: 0610000000)
- You must do a new application even if the student went to the childcare program the previous year.

Instructions:

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



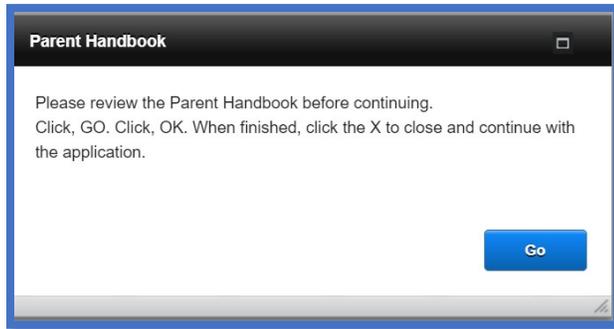
- 4) Select the school at the bottom
 - Select "Submit" after choosing the school.



5) Click the icon to go to application site

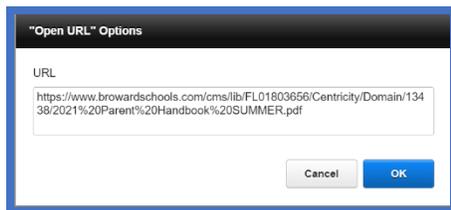


6) Read through the pop-up window and select "GO"



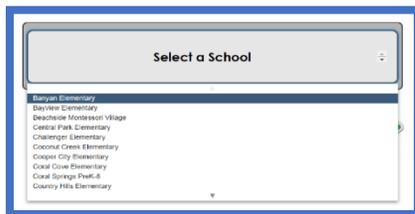
7) Read through the pop-up window and select "OK". This will open the parent handbook in a separate pop-up window. Save, print or read through it, then continue.

- Select the "X" to close the parent handbook pop-up window.

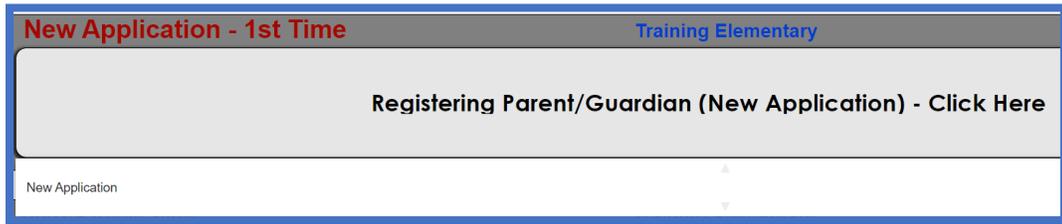


8) Click "Select a School" button and choose your school.

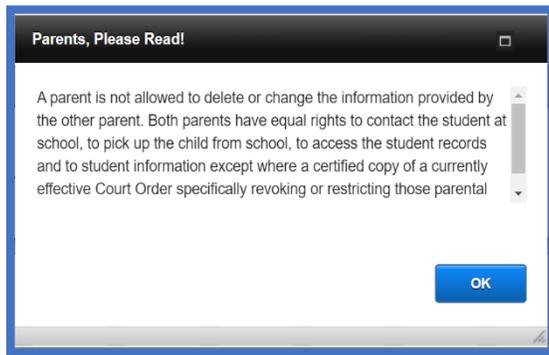
- Next, select the green "go" button



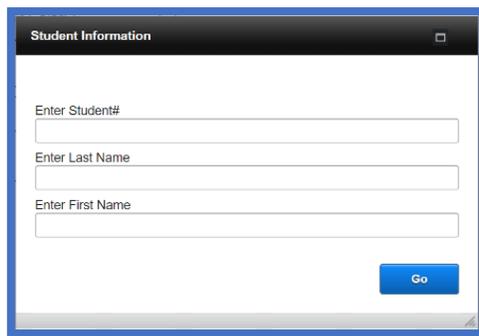
9) Select “Registering Parent/Guardian (New Application)– Click Here”



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



11) Enter student information on all fields. If you do not have a student number, please contact the site supervisor.



12) Fill out all the fields labelled with an asterisk then select "To Page 2".

Student Number
Enter Student Number

Home School *
Enter Home School

Grade:

Last Name *
Enter Student Last Name

First Name *
Enter Student First Name

Starting Date *
Enter Starting Date

Date Of Birth * **Age *** **Sex ***
Date of Birth Age Sex

Height * **Weight *** **Hair Color *** **Eye Color ***
Height Weight Hair Eye

Race *
 White
 Black
 Native American
 Multiracial
 Asian
 Other

Student Lives with *
 Both Parents Father Shared Custody
 Mother Guardian Other

Ethnicity *
 Non-Hispanic or Non-Latino
 Hispanic or Latino

List All Siblings Currently Attending

All fields highlighted in red and marked with Black * must be completed.

To Page 2 →

13) Fill out all the fields labelled with an asterisk then select "To Page 3".
- Cell phone provider is required, so you can receive text message from the program.

Profile Continued Student Number Student Name Grade:

Parent/Guardian 1

First Name * Enter First Name **Last Name *** Enter Last Name **Home Phone *** Enter Home #

Primary Address * Enter Primary Address **Cell Phone *** Enter Cell #

City * Enter City **ST** **STA** **Zip code *** Zip code **Cell Provider *** Select Provider

Email * Enter Email Address **Work Phone *** Enter Work #

Are you a Broward County School employee? * Yes No

Address same as above? *

Parent/Guardian 2

First Name * Enter First Name **Last Name *** Enter Last Name **Home Phone *** Enter Home #

Primary Address * Enter Primary Address **Cell Phone *** Enter Cell #

City * Enter City **ST** **STA** **Zip Code *** Zip Code **Cell Provider *** Select Provider

Email * Enter Email Address **Work Phone *** Enter Work #

All fields highlighted in red and Marked in Black * must be completed.

To Page 3 →

14) Fill out the fields then select "To Page 4".

- If any options are "Yes", parent/guardian must add information in pop window (see Figure A)

Physician Information

Name Phone Number

Medical Information

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

Does your child have any allergies? Yes No If Yes,

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

Special Concerns

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,

* All fields highlighted in red must be completed.

GuideUrl

Figure A

15) Fill out all the fields then select "To Page 5".

- Verify Email and Signature (Enter Name) must be filled out.
- Must have at least one other authorized release/contact that aren't the parents/guardians.
 - If you do not have an alternative pickup, you must put Broward Sheriff Office (BSO) or local police

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

PARENT 1	PARENT 2	Name	Relationship To Student	Home Phone	Work or Cell Phone

Registering Adult Signature

Application #: 0701031413

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:
 Verify Email:

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 (Enter Name):

16) Fill out all the fields then select "To Page 6". All the pink fields are required.

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 to my handwritten signature.

Parent/Guardian Signature: Date:

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17) 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

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 Date

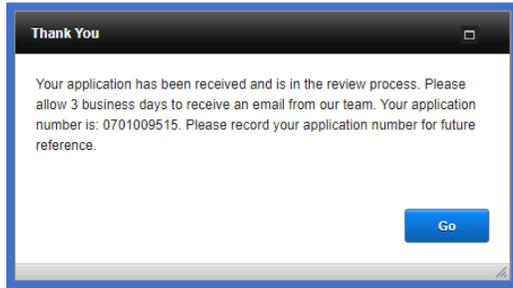
Parent Guardian (PRINT) Parent/Guardian Signature Date

Complete Application

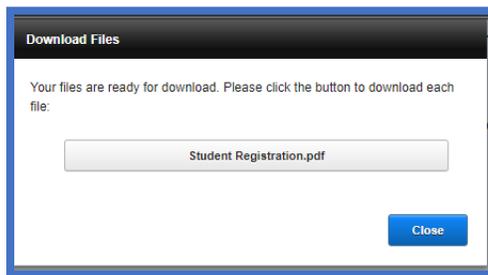
18) Select "Complete Application"



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

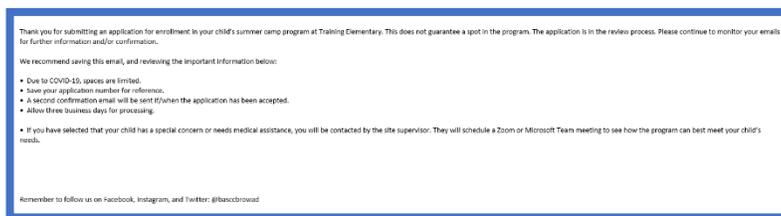


20) The parent/guardian can download a pdf copy of the student application to their electronic device.



21) The parent/guardian will receive a confirmation of the application in their email.

- A site supervisor will send a second email confirming enrollment 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 the student 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 the student is 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.
- For technical assistance, call (754)321-3330.