

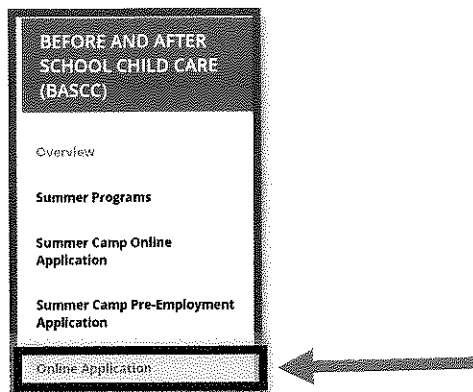
SBO Parent/Guardian Application Instructions

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"

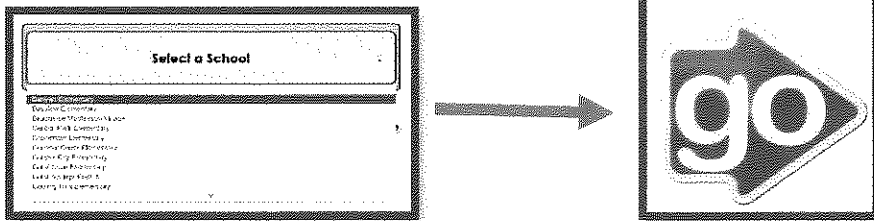


- 4) Select your child's school

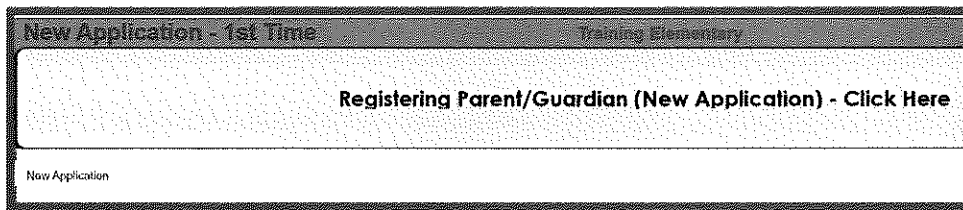
A screenshot of a form for selecting a school. It features a 'School' label, a dropdown menu with 'All' selected, a 'Submit' button, and a link for 'Flamingo Elementary School'.

- 5) Click the icon to go to application site

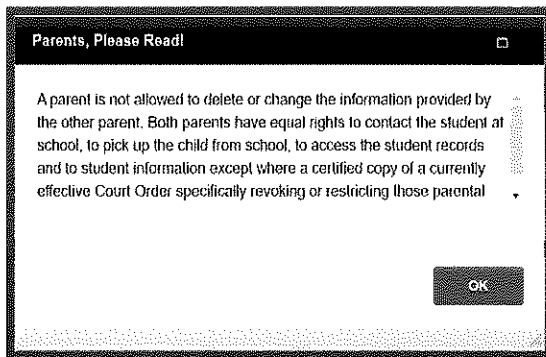
- Next, select the green "go" button.



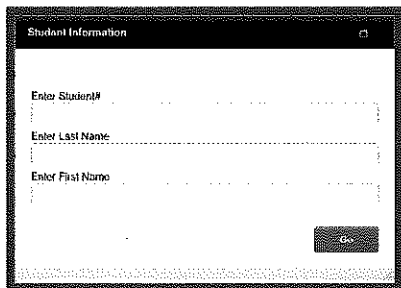
- 10) Select "Registering Parent/Guardian (New Application)- Click Here"



- 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.



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

Application: **Parent/Guardian 1 Password (created by parent):** _____
 2021-2022
Before and After School Child Care Program

Before Care
 After Care
 Full Day I do not attend care

Application #: 0701011668
 Student #: 0123456789 Home School: **Trailing Elementary**

Child's Name: Last **Smith** First **Bob** Starting Date: _____
 Date of Birth: _____ Age: _____ Gender: _____
 Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Race: White Black American Asian Non-Hispanic or Non-Latino
 Other Hispanic or Latino

Ethnicity: _____
 Child Lives with: Non-parent Parent Grandparent Other

LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME: _____

Next

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 Yes email: _____
 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: _____
 Home Phone: _____

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: _____
 Home Phone: _____

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

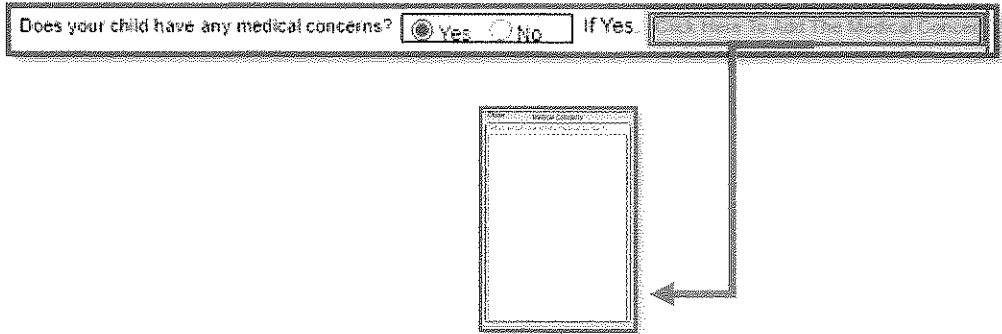
Student #: 0123456789 Child's Name: **Smith, Bob**

Family Doctor: _____ Doctor Phone#: _____
Important medical concerns we should be aware of (conditions, medications, health history, etc.):

Medical Conditions
 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



- 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. And 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 2/6/21 _____

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): _____

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

Student # 012345678 Student Name Bob Smith
 Home School Learning Experience Date 03/28/2021

By initiating and signing this form, I acknowledge that I have read and understood 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 on the pick-up/drop-off.
- 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 QPAs Care Programs must be made in advance of receiving childcare.
- Failure to pay a balance we owe is a default from the program. Payment due dates are given to parents/guardians upon registration. Fees must be paid in full before the scheduled "last day to pay".
- I must pick up my children on time. Failure to do so may result in dismissal from the program. A late pickup fee of \$15.00 per 15 minute increments, per family, will be charged. These fees must be paid prior to the next period program.
- 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 data accurate and complete for all my tax purposes.
- It is my responsibility to follow CDC COVID-19 guidelines.

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

Parent/Guardian Signature: _____ Date: 03/28/2021

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 (SummerCampQPA)

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.

Section A - News Media Interviews
 (If no choice is marked in both sections, then the choice will default to Choice #1)

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

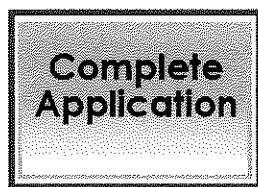
2 I WILL NOT permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school newsletters, school program and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors.

Bob Smith Student Name (PRINT) Bob Smith Student Signature 03/28/2021 Date

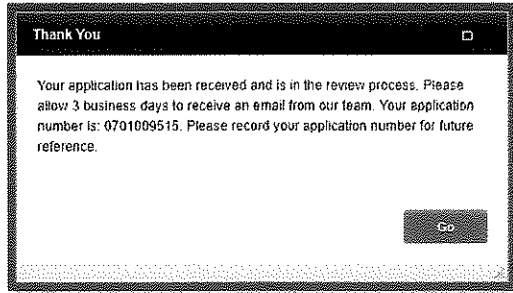
Tom Smith Parent/Guardian (PRINT) Tom Smith Parent/Guardian Signature 03/28/2021 Date

Complete Application

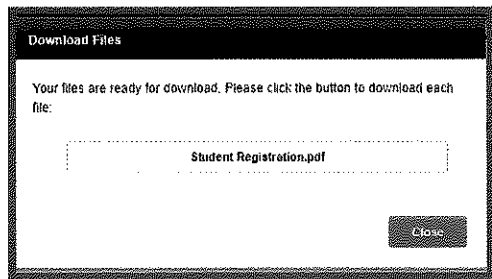
19) Select "Complete Application"



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

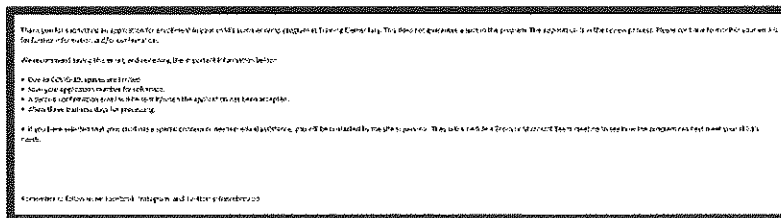


21) The parent/guardian can download a pdf copy of the student application to their electronic device.



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.