

Registration Form, BASEC @ Burbank

Student's Name _____

Grade in the 2016 – 2017 School Year _____

Parent/Guardian Name

Mr. Ms. Mrs. _____

Address _____

Home# _____ Work Phone# _____

Cell Phone # _____

E-mail _____

Parent/Guardian Name

Mr. Ms. Mrs. _____

Address _____

Home# _____ Work Phone# _____

Cell Phone # _____

E-mail _____

Preferred Billing E-mail: _____

(One e-mail address only, please)

Please circle all days you would like to enroll your child. There is a two-day minimum for after school enrollment

Before School:	M	T	W	Th	F
After School:	M	T	W	Th	F

Please include **both** the tuition deposit and the registration fee with the application:

- **Tuition Deposit:** Strictly non-refundable after July 1 **\$200.00**
Plus
- **Non-refundable registration fee:**
Early Enrollment: (Through June 15th) _____ **\$50.00**
Open Enrollment: (After June 16th) _____ **\$75.00**

Payment Total: _____

(Please make checks payable to BASEC.)

If you are interested in serving on the BASEC Board of Directors or the Burbank Site Advisory Council and understand that a current Board member will contact you at the beginning of the school year, please indicate below:

Board of Directors _____

Burbank Site Advisory Council _____

I understand that I will receive a confirmation letter, handbook, and emergency medical forms for my child via email

Parent/Guardian Signature: _____

Office Use Only: Date Received: _____ Check Number: : _____ Amount: _____