

St. Elizabeth Ann Seton School  
**Summer B.A.S.E. 2017 Program Enrollment Form**

Monday June 12-Thursday August 24, 2016 7:00 a.m.-5:00 p.m.

Completion of the SEAS Summer BASE Enrollment Form signifies agreement to the Fees & Policies of the Summer BASE Camp Program. All children attending BASE must be enrolled.

**\$50.00 Summer Enrollment Fee per family**, (this fee is non-refundable)

**\$75 Activity Fee per child** (this fee covers all in town field trips)

**Daily Flat Rate - \$33.00 per day (include all days attending on monthly calendar)**

**Drop-in Flat Rate - \$38.00 per day (any days not included on monthly calendar)**

Registration and fees are due by May 19, 2017. June Summer Calendars are due by May 27<sup>th</sup>, 2017. Please complete the information requested below for your child(ren). Return this enrollment form and check payable to SEAS (indicate Summer BASE on memo line) to: Mrs. Hendrickson at SEAS School, 600 Tyler St. Hastings, MN 55033.

Child's #1 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Child's #2 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Child's #3 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

(Please circle which parent is to be called first)

Mother: Work phone(s) \_\_\_\_\_ Cell phone(s) \_\_\_\_\_

Father: Work phone(s) \_\_\_\_\_ Cell phone(s) \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_

Work/Home Phone(s) \_\_\_\_\_ Cell phone(s) \_\_\_\_\_

Drop-ins will be handled on space available basis. Please notify a lead teacher at least 24 hours in advance for drop-ins to ensure availability. Drop-in children **MUST BE ENROLLED NOW**.

Dr. Clinic \_\_\_\_\_ Ph# \_\_\_\_\_ Dental Clinic \_\_\_\_\_ Ph# \_\_\_\_\_

Child #1

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

Child #2

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

Child #3

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_