



**BASC
2019-2020**



This form must be submitted to our office by 8/15/19 to begin service on 9/4/19.

Campus: _____ KVE _____ MVE

Student Name: _____ Grade in Fall: _____

_____ Grade in Fall: _____

Please enroll my child(ren) into the following Before & After School Program for the 2019-2020 school year.

Please select one plan:

_____ Gold Plan > 15 hours/week and non-school days

_____ Blue Plan >7.5 and 14.5 hours/week

_____ White Plan < or = 7 hours/week

I understand the annual or monthly rates are as published in the Tuition Fee Schedule will be added to my FACTS payments.

Date

Signature of Parent/Guardian

Office Use: Received by: _____ Date: _____

Copy to BASC Office and Admin Office on Date: _____