FAMILY NAME/GRADE: _____

LINCOLN BASP 2025-26 SCHOOL YEAR REGISTRATION FORM

I, _____, understand that I am registering my child:

_____ for the 2025-26 school year.

_____ Before school only (before school starting at 7:00 am)
_____ After school only (after school until 5:45 pm)
_____ Full time before AND after school

I understand that the program is open according to the official school calendar of the Iowa City Community School District and is closed during vacation and inclement weather days.

I understand that I am responsible for payment on monthly fees in the amount according to the above prices, which are due the 1st of each month. I will give 30 days written notice prior to withdrawal from the program during which time I will be responsible for payment of all fees due.

I understand that I may visit the program anytime during program hours.

I will update my child's file information promptly.

The program staff will assume full responsibility for my child from the time he/she arrives at the program until my child leaves the program according to the written instruction for departure.

I will notify the director of the program that my child will not be attending the program for the day or that another authorized person shall be picking my child up from the program.

If a medical emergency arises, the program staff will first attempt to contact me. If I cannot be reached, the staff will contact my emergency contact. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital. *Cost covered by parent/guardian*

I agree to adhere to the stated policies and procedures of Lincoln BASP, as stated above AND in the Lincoln BASP parent/student handbook, and give my child permission to participate in the program and any program activities.

Parent's email: _____   Phone number: _____

Costs for 2025-26 school year: AM - $100, PM - $250, AM/PM Combo - $280

_____   _____   _____
Parent/Guardian Signature   Printed Name   Date