

INTERNATIONAL ACADEMY OF SMYRNA

BASP Registration Form

Parent/Guardian Information

Parent/Guardian Name 1

Parent/Guardian Name 2

Email

Cell Phone

Email

Cell Phone

Student Information

Child

Grade

Allergies/Medical Conditions

Child

Grade

Allergies/Medical Conditions

Child

Grade

Allergies/Medical Conditions

Child

Grade

Allergies/Medical Conditions

Additional Authorized Pick-Up Contacts

Contact Name

Contact Phone

Contact Relationship

Contact Name

Contact Phone

Contact Relationship

Contact name

Contact Phone

Contact Relationship

Contact Name

Contact Phone

Contact Relationship

I have read and understand the Before and After School Program rules and guidelines. I understand that failure to follow the rules, or keep my account current will result in the loss of use of the program. I understand that my child may be uninvited from the program for negative behavior.

Parent/Guardian Signature

Date