**The Basilica School of Saint Mary Star of the Sea**

700 Truman Avenue, Key West, Florida 33040 **(**305) 294-1031 www.basilicaschoolkeywest.com
Founded in 1868 – Accredited by the Florida Catholic Conference

**Beyond the Bell After-School Program Registration**

Beyond the Bell is the new after-school program at The Basilica School tailored to provide for the needs of your child in the afternoon hours. This new program will provide your child the opportunity to complete homework in a quiet and structured setting and receive assistance from qualified staff as well as provide access to the school’s computer lab. Your child will also continue to enjoy independent playtime, fellowship with classmates and additional planned physical activities. As a parent, you can enjoy the peace of mind that comes with knowing your child is safe and having fun on The Basilica School’s campus.

Beyond the Bell will begin at 3:00pm and conclude at 5:30pm. Children may be picked up at any point during those hours. A snack is provided to each child at the beginning of the program. Children will work on their studies and participate in the enrichment activities in age-appropriate groups. If you wish to register your child/children for the 2013-2014 school year, please complete the registration below. **Please register by August 21st to accommodate for staffing.**

**Registration Fee $25 per student – Payment Due With This Form**

**Monthly & Drop-In Fees**

**One Child $180/month or $10 per day or $4/ hour\***

**Two Children $250/month or $15 per day or $4/ hour\***

**Three Children & up $280/month or $20 per day or $4/ hour\***

The purchase of 1 month includes 20 days of Beyond the Bell participation for each child. You will receive a punch card with 20 days of aftercare attendance. The punch card is good for the entire school year. Example: If you purchase 1 month for three children the total cost is $280. Each child would receive 20 days of aftercare service. That amounts to $4.66 per day per child.

*The hourly rate applies to each child attending. 60 minutes or less will constitute 1 hour.*

**Late Fee**

Please pick up your child promptly at 5:30pm. There will be a $1/minute charge for every child that remains beyond 5:45pm.

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Known Allergies/Medical Conditions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Parents’/Guardians’ Name(s):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person(s) Authorized for Pick Up:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Information**

**Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Information**

**Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby waive, release, absolve, indemnify, and agree to hold harmless The Basilica School, its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates, and the Archdiocese of Miami; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Name (Printed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_