



**\$25.00 BASP  
Application  
Fee is due  
upon receipt  
per child.**

### BEFORE AND AFTER SCHOOL APPLICATION

Student name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Contact: Both Parents  Mother  Father  Other

### EMERGENCY

#### Name of Person Authorized to Take Child: (OTHER THAN PARENTS)

*(By law, you must list a minimum of three emergency contacts.)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

#### Responsible Adult to Contact if Primary Contacts Cannot Be Reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

#### CHILD'S PHYSICIAN *(This information is required by law):*

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

*The school has my permission to call the above-named physician in case of an emergency when I as a parent/guardian cannot be reached first. I am also aware that, if I cannot be contacted and have refused to supply emergency contacts, during an emergency, by law Central Christian Academy is required to contact The Department of Child Services.*

• Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## BEFORE/AFTER SCHOOL PROGRAM

- **PURPOSE**

This program provides a convenient, protective, and nurturing environment for children. Students in the program are provided with a snack, homework/tutorial assistance, and play/relaxation time.

- **POLICIES AND PROCEDURES**

Hours of Operation: Program operates each FULL day school is in session.

A.M.: 6:30-7:30

P.M.: 3:00-5:00

- **DISMISSALS**

Failure to comply with discipline standards established by the Before/After School Program Staff for the purposes of safety and smooth operation of the program and/or failure to keep fee payments current are grounds for dismissal from the program.

- **FEES:**

- Registration Fee: \$25.00 (Provides snack and supplies)
- Before School - \$5 per student- per day of use.
- After School - \$10 for the first student and \$7 for each additional child per family- per day of use.

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## CENTRAL CHRISTIAN ACADEMY BASP POLICIES PARENT ACKNOWLEDGEMENT

- **SUMMARY OF CHILD CARE APPROVAL REQUIREMENTS**

*I have received a copy of the:*

- Policies and Procedures for CCA's BASP
- "Summary of Child Care Approval" requirements handout from the TN Department of Education for the 2025-2026 School year.
- Abuse Prevention Awareness Pamphlet

● Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_