

**Before School Care
Student Information Form
3 year olds – 5th Grade**

Student's Name _____ Address _____

Grade _____ Teacher _____

Birthday _____ Home Phone # _____

Mother _____ Work # _____ Cell # _____

Father _____ Work # _____ Cell # _____

List 2 relatives or friends who will assume temporary care of your child if you cannot be reached.

1. Name _____ Home # _____ Cell # _____

2. Name _____ Home # _____ Cell # _____

Check the days your child will be attending BSC:

Monday Tuesday Wednesday Thursday Friday

Expected drop off time: _____

List student's daily meds taken at home _____

List any medical conditions or allergies _____

*** Starts the first day your child starts school**

*** Price: \$2 per hour** You will be billed monthly.

* Before School Care begins at 7:00 a.m. and follows the normal school schedule. If your child isn't required to attend school that day, then there will be no Before School Care or After School Care.

*** Drop Off: PS3, PS4 & K5 – Randle Center Room B, Valerie James, 803-469-3615 ext 147
1st – 5th – LS Room 9, Kathy Coker, 803-469-3615 ext 103(Lower School Office)**

* All students will be expected to follow the school rules and guidelines.

* No breakfast will be served.

Date _____

Signature of Parent or Guardian _____