



Cypress Christian Schools

2020 - 2021

BASK (Before and After School Kids) is for all enrolled school students, but half-day kindergarten may attend before school only. BASK follows the school calendar and is available only when school is in session.

HOURS: Before school, 7:00 - 8:00 a.m. After school, 3:00 – 6:00 p.m.

Among the many activities available to BASK students are:

- Games, puzzles, blocks and Legos, toys, art supplies.
- Homework: Students can always work on their homework assignments. BASK teachers may be able to provide some assistance if needed however it will not be checked by the BASK teachers.
- Playground and gymnasium: We provide some active time every day.
- Snacks: Afternoon snacks are provided for BASK student. Students with food allergies or diet restrictions should send in an afternoon snack for their child. Morning students may bring their own breakfasts.

Payment Information:

- The FACTS program will be used to make payments. FACTS is the program we use to deduct tuition payments automatically. Payments will be taken out for BASK September through May.
- BASK closes promptly at 6:00 pm. When inclement weather is predicted please plan accordingly. Should it be necessary to pick up your child after 6:00 pm, there will be a late charge of \$1.00 per minute. This fee is paid directly to the closing teacher who had to stay with the children.

Over the summer you will receive an email confirming your BASK enrollment and asking for any changes prior to the start of the school year. In order to guarantee a spot in the BASK Program for next school year, the application must be received by May 22, 2020 (returning students). New students enrolling after that date must include the BASK enrollment form with the school application.



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Student Name	Grade	Child lives with			
		Both Parents	Mother	Father	Guardian

Circle One

Monthly Rates (per student)** September-May	AM & PM	AM Only	PM Only
Full-Time (3 or more days/week)	FT \$250	FT \$140	FT \$160
Part-Time (less than 3 days/week)	PT \$190	PT \$100	PT \$120

_____ I will pay via FACTS

_____ I will pay cash or
Check monthly

	Approximate Time	
	Drop-off	Pick-up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Mother _____

Father _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Phone: H _____ W _____

Phone: H _____ W _____

Cell _____ Email _____

Cell _____ Email _____

Other persons who are authorized to pick up your child and can be contacted in case of emergency:

1. _____ Phone _____ Relationship to child _____

2. _____ Phone _____ Relationship to child _____

3. _____ Phone _____ Relationship to child _____

Allergies/Sensitivities/Diet Restrictions	
Physical Limitations	
Medication Administered at BASK	
Unusual Fears	

If medical care is deemed necessary for my child and I cannot be contacted, I authorize the staff, trained in first aid, to act on my behalf in providing appropriate care. I understand and agree to all of the BASK policies and procedures (including payment terms).

_____ Signature _____ Date