



BASE REGISTRATION FORM

Child's Full Name: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Additional Phone: _____

Email: _____

Age of Child: _____ Grade: _____ School Attending: _____

Fees:

5 days per week= \$361 per child/month

4 days per week= \$326 per child/month

3 days per week= \$260 per child/month

Schedule: School dismissal to 6:00p

Transportation is provided from Lafayette elementary schools to the BBRC. Location: Bob L. Burger Recreation Center

Please circle each program date/plan that you are registering for:

BASE 5 days per week

BASE 4 days per week (please list the days of the week) _____

BASE 3 days per week (please list the days of the week) _____

TOTAL DUE:

****PLEASE READ CAREFULLY****

Your signature confirms your agreement to the following:

Payment Policy

Payment in full is due at the time of registration for September 28, September 29 and October care. A payment schedule will be determined for future enrollment.

Cancellation Policy

A non-refundable cancellation fee will be collected at the time of cancellation. This cancellation fee of \$100 will be charged if 3 weeks' notice is not given.

Parent/Guardian Signature

Date

Choose a payment option:

Cash

Credit Card

Check

Check # _____

For credit card option:

Pay with credit card at the Bob Burger Recreation Center.

To submit form:

Email the completed form to Becca.Mack@lafayetteco.gov, turn in the form with payment to the Bob Burger Recreation Center or mail it in to:

111 W. Baseline Rd
Lafayette, CO 80026