



THE WORLD IS OUR FAMILY

CAROLINA INTERNATIONAL SCHOOL

A NORTH CAROLINA PUBLIC CHARTER SCHOOL

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CIS Before- and After-School Program (BASP) Registration

To reserve a place in the CIS BASP, please complete one form for each child and send to the address above.

- Before-School
 After-School
 Before- AND After-School

Child's Name _____ Date of Birth _____ Grade _____

Address _____ City _____ Zip _____

Parent(s)/Guardian(s) _____ Home Phone _____

Father's Work _____ Cell _____ Mother's Work _____ Cell _____

Father's Place of Employment _____ Mother's Place of Employment _____

People authorized to pick up your child _____

Code word for pick-up _____

Emergency Numbers

1. Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

2. Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Health Information

Physician _____ Phone _____

Allergies (list all known: medications, food, others) _____

Medications _____

I agree that the Carolina International School Before- and After-School Director or designee may authorize the physician of his/her choice to provide emergency care in the event that neither I nor our family physician can be contacted immediately.

Parent/Guardian signature _____ Date _____

Activity Information

Check your child's characteristics and interests:

- Outgoing Shy Physically active Extremely active Physically inactive
 Prefers individual activities Prefers group activities
 Enjoys Arts Games Sports Music Reading Crafts

Parent/Guardian Question: On the back, please describe what you would like you child to gain from the CIS BASP.