Schools Out - Full Day Registration

Space is limited and Full Days Do Fill Up – Please Register Early!

- Registration for these days is on a first come first serve basis. Payment is due at the time of registration.
- Auto pay is not an option for full day registration.

Due to staffing and field trip limits, the deadline for full day registration is one week before each full day.

Child's Name: _____School Child Attends: _____

Primary Guardian:_____ Home Phone: _____ Work Phone:_____

Secondary Guardian: _____ Home Phone: _____ Work Phone: _____

Primary Address: _____ City: _____ Zip: _____

Email Address: _____

Select (X)	Code	BASE/R/NR	Day	No School	Time	Date
	241085-1	$40/$50/$60	Friday	Professional Dev. Day	7am – 6pm	August 31
	241085-2	$40/$50/$60	Friday	Teacher Work Day	7am – 6pm	October 12
	241085-3	$40/$50/$60	Monday	Veteran's Day	7am – 6pm	November 12
	241085-4	$40/$50/$60	Monday	Conference Exchange Day	7am – 6pm	November 19
	241085-5	$40/$50/$60	Tuesday	Conference Exchange Day	7am – 6pm	November 20
	241085-6	$40/$50/$60	Wednesday	Fall Break	7am – 6pm	November 21
	241085-7	$40/$50/$60	Wednesday	Winter Break	7am – 6pm	December 26
	241085-8	$40/$50/$60	Thursday	Winter Break	7am – 6pm	December 27
	241085-9	$40/$50/$60	Friday	Winter Break	7am – 6pm	December 28
	311085-10	$40/$50/$60	Wednesday	Winter Break	7am – 6pm	January 2
	311085-11	$40/$50/$60	Thursday	Winter Break	7am – 6pm	January 3
	311085-12	$40/$50/$60	Friday	Winter Break	7am – 6pm	January 4
	311085-13	$40/$50/$60	Monday	Teacher Work Day	7am – 6pm	January 7
	311085-14	$40/$50/$60	Monday	M.L. King Jr. Day	7am – 6pm	January 21
	311085-15	$40/$50/$60	Monday	Presidents Day	7am – 6pm	February 18
	311085-16	$40/$50/$60	Tuesday	Teacher Work Day	7am – 6pm	February 19
	311085-17	$40/$50/$60	Monday	Spring Break	7am – 6pm	March 25
	311085-18	$40/$50/$60	Tuesday	Spring Break	7am – 6pm	March 26
	311085-19	$40/$50/$60	Wednesday	Spring Break	7am – 6pm	March 27
	311085-20	$40/$50/$60	Thursday	Spring Break	7am – 6pm	March 28
	311085-21	$40/$50/$60	Friday	Spring Break	7am – 6pm	March 29
	311085-22	$40/$50/$60	Monday	Conference Exchange Day	7am – 6pm	April 1
	311085-23	$40/$50/$60	Friday	Professional Dev. Day	7am – 6pm	April 19

- **Please be sure to read and sign off on the cancellation/refund policy on the back side of this form.**
- **An emergency/info form must be on file for each participant. Please ask for a copy at the front desk or print online at www.cityoflafayette.com/BASE**

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Cancellation/Refund Policy

We strive for positive experiences and excellence in everything we do. If you must cancel from a program, you must request the cancellation seven days prior to the start of the program in order to receive a 75% refund. B.A.S.E. registration fees are non-refundable.

- All cancellations initiated by or for the participant must be approved by the program supervisor, and will be assessed a 25% cancellation fee.
- Program transfers are subject to a $5.00 transfer fee.
- **No refunds or credits** will be given for cancellations, initiated by or for the participant, less than 7 days before the start of program.
- Refunds will be issued in the form of a check or credit card (depending on method of payment) or a household credit balance.

I acknowledge I have read and understand the above policy:

_____ _____

Parent/Guardian Signature Staff Initials

Waiver for Participant(s)

In consideration of my child's participation in any program or activity, I hereby, for myself, my child, my heirs, assigns and executors, to the extent permitted by law, waive, exempt and release the City, its officers and employees, from any and all claims, demands and actions for injury loss or damages arising out of or related to my child's participation, whether or not caused by any act, negligence, or other fault of the City, its officers or employees. As a condition of participation the City may also use photographs of my child for promotional purposes. I further acknowledge that my child's participation in any program or activity is contingent upon adherence to all program rules, regulations and standards of conduct.

Parent/Guardian Signature: _____

Please complete all sections above in order to insure correct processing.

For Office Use Only

Vi/MC/AmEx/Di No:_____-_____-_____-_____ Exp. Date:_____ Auth. No._____ Total Fee Paid:_____

Check #_____ Other_____ Received by:_____ Date Processed:_____

HH No._____