

**Brevard After School Programs
Parent/Sponsor Request for Information**

Site Name: _____

Parent/Sponsor Name: _____

Child(ren) Name(s): _____

Financial Information:

Only the primary account holder or other parent/sponsor living at the same address and listed as a secondary account holder on the registration form may request financial information.

I am requesting: ___ receipts ___ a customer statement ___ a tax statement

for the following dates: _____ through _____
Begin Date End Date

Personal Identification Numbers (PIN) for sign-in/sign-out by persons authorized for pick-up of my child(ren):

I am requesting PIN information for the following authorized persons:

Authorized Names (completed by custodial parent,
and must match Reg. Form Pg. 4)

PIN (completed by BAS Coordinator):

___ I am requesting the following information: **Please note that certain requested information may be subject to public request fees for processing and copy costs.**

Please allow three business days to process.

Parent /Sponsor Signature and Date

For BAS Use Only - Date Completed: _____ Staff Signature: _____