**2016-17 School Year REGISTRATION FOR BAZ**

This registration form is for interest only. We ***cannot guarantee*** a slot at any time. All form lines **must** be filled in to be considered. This form is for up to two children. If more than two please use a second form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First ChildLast Name: First Name:Middle:Date of Birth:  / /  | (circle) Male or FemaleLunch status: (circle one) FreeReducedFull pay*If Additional Scholarship is needed you* *must apply with director* | Address:Zip Code:Grade (now):Elem Teacher:Email:\_\_\_\_\_\_\_\_\_\_\_\_ | Lives with: (Circle one) Both ParentsFoster CareGrandparentsGuardianJoint CustodyOtherRelativeSingle Parent MotherSingle Parent FatherStep Parent Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Choose one-If program is closed early, Transportation home:Walk homePick up | Special Needs (All allergies including food, diet, medications). PLEASE BE SPECIFICList medications:Initial ( ) My child has no know allergies. |
| Second ChildLast Name: First Name:Middle:Date of Birth:  / /  | (circle) Male or FemaleLunch status: (circle one) FreeReducedFull pay*If Additional Scholarship is needed you* *must apply with director* | Address:Zip Code:Grade (now):Elem Teacher:Email:\_\_\_\_\_\_\_\_\_\_\_\_ | Lives with: (Circle one) Both ParentsFoster CareGrandparentsGuardianJoint CustodyOtherRelativeSingle Parent MotherSingle Parent FatherStep Parent Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Choose one-If program is closed early, Transportation home:Walk homePick up | Special Needs (All allergies including food, diet, medications). PLEASE BE SPECIFICList medications:Initial ( ) My child has no known allergies. |

PLEASE CHECK here: I agree to submit emergency card and additional permission form after acceptance to BAZ school year ( ).

#  BAZ HOUSEHOLD INFORMATION (one per family)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Guardian Last Name | First Name  | Relationship | Home Phone  | Work Phone | Cell Phone |
|   |  |  |  |  |  |
|  |  |  |  |  |  |

Additional Contacts: List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child (ren) and/or will serve as emergency contact. Checking the “lives with” box indicates that the person listed is a member of the same household. If no adults are listed below, and no boxes are checked, *ONLY THE PARENT(s)/GUARDIAN(S) WILL be able to pick up the student(s).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CONTACT Last Name | First Name  | Address | Home Phone  | Work Phone | Relationship | Pick Up? Emergency contact Lives with? ( x ) ( x ) ( x ) |
|   |  |  |  |  |  | ( ) ( ) ( ) |
|  |  |  |  |  |  | ( ) ( ) ( ) |
|  |  |  |  |  |  | ( ) ( ) ( ) |

If LEGAL restrictions are in effect, LIST persons NOT allowed to see student at site and/or not allowed to pick up students per legal restrictions.

Last name: First name:

|  |  |
| --- | --- |
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I hereby certify that I have read and do understand the above information.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_