**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 Child  Last Name:  First Name:  Middle:  Date of Birth:  / / | (circle) Male or Female  Lunch status: (circle one)  Free  Reduced  Full pay  *If Additional Scholarship is needed you*  *must apply with director* | Address:  Zip Code:  Grade (now):  Elem Teacher:  Email:\_\_\_\_\_\_\_\_\_\_\_\_ | Lives with: (Circle one)  Both Parents  Foster Care  Grandparents  Guardian  Joint Custody  Other  Relative  Single Parent Mother  Single Parent Father  Step Parent  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Choose one-If program is closed early, Transportation home:  Walk home  Pick up | Special Needs (All allergies including food, diet, medications). PLEASE BE SPECIFIC  List medications:  Initial ( ) My child has no know allergies. |
| Second Child  Last Name:  First Name:  Middle:  Date of Birth:  / / | (circle) Male or Female  Lunch status: (circle one)  Free  Reduced  Full pay  *If Additional Scholarship is needed you*  *must apply with director* | Address:  Zip Code:  Grade (now):  Elem Teacher:  Email:\_\_\_\_\_\_\_\_\_\_\_\_ | Lives with: (Circle one)  Both Parents  Foster Care  Grandparents  Guardian  Joint Custody  Other  Relative  Single Parent Mother  Single Parent Father  Step Parent  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Choose one-If program is closed early, Transportation home:  Walk home  Pick up | Special Needs (All allergies including food, diet, medications). PLEASE BE SPECIFIC  List 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_