The BAZ program is now taking registration for the 2017-18 year. We will be accepting the first 50 participants on a first come, first served basis with the remainder of the spaces filled according to grant requirements.

All participants are expected to attend regularly and spaces *will only* be given to children who will be here on a regular basis. They should be coming 5 days a week unless other arrangements are made with the director. As in the past, we will connect with school and parks & recreation sports that are held at the same time as BAZ. All students are to remain until at least 4 pm for homework hour. ***Continual early pick-up may result in loss of your child’s spot.***

When accepted you will need to fill out a permission slip and emergency card.

Please remember that BAZ is an after school program and as such have to follow specific requirements set forth by our grant. We cannot take state child care monies as payment. Fees are set by whether a child is in the reduced or free lunch program. This year all children must pay something to come to BAZ.

Full price lunch participants will pay $300 per session Reduced lunch participants will pay $150 and free lunch participants will pay $75 per session. Additional scholarship may be available but will require an additional application (see program director).

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 | 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 and BEHAVIORAL). 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 | 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 checkboxes 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. (attach court order copy)

|  |  |
| --- | --- |
| Last name: | First name: |
|  |  |

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

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