

REGISTRATION FORM

STUDENT _____

BIRTHDAY _____ AGE _____ GRADE _____

PARENT _____

Morning - Time In

Afternoon - Time Out

M _____
T _____
W _____
R _____
F _____

M _____
T _____
W _____
R _____
F _____

YES / NO

Our schedule will vary as follows: _____

YES / NO

We need occasional services.

YES / NO

I give permission for my child/children to be photographed and/or videotaped to be shown for BACPAC, school-related activities, and/or shared with current families.

YES / NO

I give permission for BACPAC staff to apply washable face paint, temporary tattoos, and nail polish on my child.

YES

I have read and understand all BACPAC policies listed in the Policy-Handbook.

Parent/Guardian Signature

Date

BACPAC

School District Benton, Wisconsin

Administrator, Todd Bastian Principal, Lisa Lawrence

Director, Marilyn Hughes Phone: 608.759.4002 x316 Email: mhughes@benton.k12.wi.us

AUTHORIZATION FOR PICK-UP

Child's Name _____

(Please print)

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>WORK PHONE</u>	<u>HOME/CELL PHONE</u>
1 _____ (Please print)	Mother	_____	_____
2 _____	Father	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____
10 _____	_____	_____	_____

By my signature herein, I acknowledge that I understand that only those individuals listed on this page are authorized to pick up my child. My child will not be released by BACPAC to any other individuals, except when advance notice is given to Staff, by either calendar, phone call, written note, or email. PARENTS MUST BE LISTED.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

BACPAC

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