

BACPAC 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 of Benton Wisconsin
Administrator, Todd Bastian Principal, Lisa Lawrence
Phone: 608.759.4002 x 316