



1913 Euclid Avenue San Diego CA 92105
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PROGRAM ENROLLMENT FORM

Student's Personal Information: <input type="checkbox"/> Tutoring/Homework Assistance <input type="checkbox"/> Enrichment <input type="checkbox"/> Stepping up <input type="checkbox"/> Adult				
Student's Name:(Last)		(First)	(Mi)	Date:
Student's Date of Birth:		Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address:		City:	State :	ZIP:
Home Phone:		Cell:		
Relationship to student :		<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent
How did you learn about Pazzaz Inc.? _____				
Do you have a relative (s) currently participating in Pazzaz's tutoring program? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, Name: _____		Relationship: _____		
Student's Education Information: <input type="checkbox"/> Traditional <input type="checkbox"/> Year Round <input type="checkbox"/> Private School <input type="checkbox"/> Charter School				
School :				Grade Level:
School Address :			School Phone:	
Best Subject :		Worst Subject :		
Is the student receiving a low grade (D) or (F) in any subject? <input type="checkbox"/> No <input type="checkbox"/> Yes				
<i>If you answered Yes, please list subject(s):</i>				
What is preventing the student from making a passing grade in this subject(s)?				
Student's SPECIAL NEEDS <i>Check Applicable Needs</i>				
<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other _____ Has your child been identified as being learning disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, please explain _____ Does he or she have an IEP (Individualized Education Plan) <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child take medication for his/her need(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type? _____ Does your child have any other emotional or physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ Would you like to attend Family Support Sessions (Every Wednesday at 6:00 pm-Dinner Provided)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> Please list: _____				
Parent/Guardian Information				
Name:				
Email:		Parent Education Level : <input type="checkbox"/> elementary school <input type="checkbox"/> some high school <input type="checkbox"/> high school diploma <input type="checkbox"/> some college <input type="checkbox"/> college degree <input type="checkbox"/> masters degree <input type="checkbox"/> degree from other country <input type="checkbox"/> other _____		
Employer Name:		Employer Phone:		
Employer Address:				
Name of Person (s) Approved to Pick up Student				
Name:	Relationship to Student:		Phone:	
Name:	Relationship to Student:		Phone:	
Name:	Relationship to Student:		Phone:	

Household information: Please specify other members living in the home

Name	Age	Relationship

My child has permission to : Walk Catch the bus Other: _____

Emergency Contact

Name:	Relationship:	
Address:		
Phone number:	Work Number:	Other Number:
<p>In event of an emergency where I (or my spouse or relative) cannot be contacted, I authorize Pazzaz Inc. to secure whatever medical care necessary for the safety and well being of my child. I will assume all costs incurred for emergency Care.</p>		
_____ Parent/ Guardian Signature		_____ Date

Emergency Medical Release

Doctor:	Phone:
Address :	

Confidential Information

Student Ethnicity: White Black/African American Asian American Indian/Alaskan Native Hispanic
 Native Hawaiian/other Pacific Islander African _____ (please specify)
 American Indian/ Alaska Native And White Asian & White Black / African American & White

Check all that apply: English Second Language Parent/Guardian does not speak English
 Child does not speak English

I am a female head of with dependents and no male significant other: (Check one) No Yes

Please check the applicable statement:
 Homeowner (My name is listed on the Deed) Renter (My Name is not listed on the Deed) Homeless

Does your child qualify for free or reduced lunch at school? (Check one) Yes No

Please circle the "Income Limit" that represents your household

Income Limits

Family Size	< 30%	< 50%	< 80%
1	\$0-\$17,350	\$17,351-\$28,900	\$28,901-\$46,250
2	\$0-\$19,850	\$19,851-\$33,050	\$33,051-\$52,900
3	\$0-\$22,300	\$22,301-\$37,150	\$37,151-\$59,500
4	\$0-\$24,800	\$24,801-\$41,300	\$41,301-\$66,100
5	\$0-\$26,800	\$26,801-\$44,600	\$44,601-\$71,400
6	\$0-\$28,750	\$28,751-\$47,900	\$47,901-\$76,700
7	\$0-\$30,750	\$30,751-\$51,200	\$51,201-\$81,950
8	\$0-\$32,750	\$32,751-\$54,500	\$54,501-\$87,250

If your income is not represented above, please check the following box.

My family income exceeds 80% of the Annual Median Income Limits listed above.