



Student Registration Form

This form must be completed for all new students who are registering for ABQ Children's Academy

Please mark: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	Program: <input type="checkbox"/> Toddlers <input type="checkbox"/> Preschool <input type="checkbox"/> Pre-K
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STUDENT INFORMATION (Please print)

Before and After Care: \$4.00 Per Hour

<input type="checkbox"/> 5-day full day \$720.00	<input type="checkbox"/> 5-day half day \$350.00	Full day 8:00 am – 3:00 pm
<input type="checkbox"/> 3-day full day \$420.00	<input type="checkbox"/> 3-day half day \$210.00	Half day morning 8:00 am – 11:30 am
<input type="checkbox"/> 2-day full day \$280.00	<input type="checkbox"/> 2-day half day \$140.00	Half day afternoon 11:30 – 3:00 pm

Has the student named below ever attended school prior to ABQ Children's Academy? Yes No

If yes, name the last school attended _____

Student's First Name _____ Last Name _____

Date of Birth

YYYY	MM	DD
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 With whom does the child reside? Mother Both Father Other

Gender Male Female Other/Prefer not to disclose

Address _____
Street or Mailing Address City State Zip

Primary Phone Number _____ Quadrant of the city NW NE SW SE

PARENT/GUARDIAN INFORMATION (Please print)

1	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody <input type="checkbox"/> Access			
Is this person an EMERGENCY contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
Last Name		First Name	
Address			
City		State	Zip Country
Home Phone Number		Work Phone Number	
Cell Phone Number		Fax Number	
Email			

2	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody <input type="checkbox"/> Access			
Is this person an EMERGENCY contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
Last Name		First Name	
Address			
City		State	Zip Country
Home Phone Number		Work Phone Number	
Cell Phone Number		Fax Number	
Email			

3	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody <input type="checkbox"/> Access			
Is this person an EMERGENCY contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
Last Name		First Name	
Address			
City	State	Zip	Country
Home Phone Number		Work Phone Number	
Cell Phone Number		Fax Number	
Email			

4	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody <input type="checkbox"/> Access			
Is this person an EMERGENCY contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
Last Name		First Name	
Address			
City	State	Zip	Country
Home Phone Number		Work Phone Number	
Cell Phone Number		Fax Number	
Email			

CUSTODY OR GUARDIANSHIP INFORMATION

Student PRIMARILY lives with _____
 e.g., Mother, Father, Legal Guardian, Stepmother, Stepfather, other (please specify)

If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy or the most recent custody document must be placed in the student record.

Name of most current legal document _____

Date _____ Attached copy
 YYYY/MM/DD

DECLARATION

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form. I understand that tuition is due on the first of every month and before/after care charges will be added to the following month's billing cycle. If tuition is not paid in a timely matter, the students will not be allowed to attend school until tuition is paid in full.

 Signature of Custodial Parent/Legal Guardian

 Registration Date (YYYY/MM/DD)