





## ENROLLMENT AGREEMENT

This agreement is made by and between ABQ Children's Academy, Licensed Child Care Provider and: \_\_\_\_\_

Parent/Guardian of: \_\_\_\_\_

Child's name

The following has been agreed upon between the two parties beginning: \_\_\_\_\_

I have read and agree to the full contents of the Parent's Handbook. I understand that disregarding these policies may result in termination of child's enrollment.

I understand that I must follow the termination policy as it is written in the Parent's Handbook.\*

I agree to the monthly tuition rate of \$\_\_\_\_\_, to be paid by the 14<sup>th</sup> of every month for my child. Available arrival time at ABQ Children's Academy is 7:00 am, and pick-up time must be no later than 6:00 pm, Monday through Friday, except as posted for holidays and school breaks. Any time my child arrives before 8:00 am or stays after 3:00 pm will incur a charge at the rate of \$4.00 per hour added to the following month's bill. Any before- or after-care needs must be communicated to the director at enrollment or a week prior the student's needs. Any added time before or after indicated times will incur a charge at the rate of \$1.00 per minute. Students must only attend school on days that his/her guardian has signed them up for. Any additional day of attendance must be discussed with and agreed upon by the director ahead of time and will incur a charge for a drop-off day added to the following month's bill.

This agreement shall be in effect until such time that a parent/guardian has given termination notice in accordance to the Parent Handbook policy or negotiation of a new contract.

I agree to pay a non-refundable deposit of \$100.00 to hold a space until \_\_\_\_\_ and a \$50.00 supply fee.

**THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.**

\_\_\_\_\_  
Authorized signature of Licensed Child Care Provider representative

\_\_\_\_\_  
Date

**BOTH PARENTS OR PARENT/GAURDIAN WITH SOLE CUSTODY OF THE CHILD MUST SIGN:**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\*To include late penalties from date due to date paid plus legal fees, if applicable.



## 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

 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)

<b>1</b>	<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			

<b>2</b>	<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			

<b>3</b>	<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			

<b>4</b>	<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)

## Emergency Contact Information



9924 Menaul Blvd NE  
Albuquerque, NM 87112  
(505)296-8656

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address where the child resides \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

With whom does the child reside?  Mother  Father  Both  Other \_\_\_\_\_

	Name	Employer	Cell phone number	Work phone number	Email
Mother					
Father					
Guardian (if applicable)					

In case of an Emergency please list four contacts to whom *ABQ Children's Academy* has permission to release your child. Persons other than immediate legal guardian must provide photo ID to pick up your child.

	Name	Cell Number	Second Best Number
Contact 1			
Contact 2			
Contact 3			
Contact 4			

If your child become ill and needs emergency medical help, does *ABQ Children's Academy* staff have permission to call emergency services to treat your child, understanding that financial responsibility will be placed to the legal guardian of the Child needing the emergency services?  Yes  No  
Hospital Preference: \_\_\_\_\_

Allergies or Special needs (please write "None" if it does not apply to your child)	Description

Child's Physician's Name	Physician's address	Physician's phone number
Child's Dentist's Name	Dentist's address	Dentist's phone number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE FORM

Please be advised that your child may be photographed or video taped at various school-sponsored events. Please indicate if you would like your child's photo to appear in our school or class website and/or social media accounts (Shutterfly, Facebook, etc.).

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Student's First and Last Name

\_\_\_\_\_ YES, I give permission for my child's photograph to be taken and posted at the school.

\_\_\_\_\_ YES, I give permission for my child's photograph and/or video to be taken and posted on ABQ Children's Academy website and/or social media accounts.

\_\_\_\_\_ NO, my child's photograph and/or video may not be posted in public view or online.

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Signature

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Date