

## New Student Registration Checklist

Student: \_\_\_\_\_

Forms Completed: \_\_\_\_\_



### COPY FOR CHILD RECORDS, ORIGINAL TO OFFICE

#### Enrollment Agreement

\_\_\_\_\_ Signature of both parents or the parent/guardian with sole legal custody

#### Emergency Information Form

\_\_\_\_\_ Names and phone numbers of 2 people to be contacted in case of an emergency

\_\_\_\_\_ Names of people authorized to pick up child

\_\_\_\_\_ Name, address and phone number of medical doctor

\_\_\_\_\_ Signature and date

#### Emergency Transportation/Treatment Authorization

\_\_\_\_\_ 2 names, addresses and phone numbers

\_\_\_\_\_ Signature in either Permission or Refusal to Transport box

#### Photo Release/Roster Form

\_\_\_\_\_ Choices checked off

Photo \_\_\_\_\_

Roster \_\_\_\_\_

#### Medical Forms (highlighted forms are only required for families receiving CYFD Child Care Assistance)

\_\_\_\_\_ Immunizations listed and form completed by physician

\_\_\_\_\_ Physical examination form with signature and date

Expires: \_\_\_\_\_

\_\_\_\_\_ Dentist form signed, dated by dentist/physician

Expires: \_\_\_\_\_

\_\_\_\_\_ Name, address and phone number of dentist

\_\_\_\_\_ School health record



## SUMMER CAMP 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 5:30 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 \$50.00 to hold a space until\_\_\_\_\_.

**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.

# Summer Camp Registration Form



Child's Name: \_\_\_\_\_

DOB \_\_\_\_\_

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

Primary Phone Number \_\_\_\_\_

Phone Number Type     Cell     Home     Work

**Please select class placement:**

- Toddler: 18-35 months
- Pre-K: 3-5 years
- School age: 6 years and older

**Activities Available**

- In-school visitors—all ages
- Field trips—school age (6+)
- Swimming—advanced (8+)

**Attendance Options and Rates (please select one)**

| Toddler/Pre-K (18 months – 5 years)   |             |             |             |          |
|---------------------------------------|-------------|-------------|-------------|----------|
|                                       | 5 days/week | 3 days/week | 2 days/week | Drop-in  |
| <b>Half-day</b><br>8:00 am – 12:00 pm | \$350/month | \$210/month | \$140/month | \$25/day |
| <b>Full day</b><br>8:00 am – 4:00 pm  | \$700/month | \$420/month | \$280/month | \$35/day |
| School age (6 years and older)        |             |             |             |          |
|                                       | Half day    |             | Full day    |          |
|                                       | \$14/day    |             | \$25/day    |          |

**Or select days your child will attend ABQ Children's Academy Camp (circle all that apply)**

| Monday  |  | Tuesday |  | Wednesday               |  | Thursday |  | Friday  |  |
|---------|--|---------|--|-------------------------|--|----------|--|---------|--|
| All     | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | All     | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | All                     | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | All      | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | All     | <input type="checkbox"/> Half<br><input type="checkbox"/> Full |
| June 4  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 5  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 6                  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 7   | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 8  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full |
| June 11 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 12 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 13                 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 14  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 15 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full |
| June 18 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 19 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 20                 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 21  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 22 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full |
| June 25 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 26 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 27                 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 28  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | June 29 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full |
| July 2  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 3  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | <b>No Camp - July 4</b> |  | July 5   | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 6  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full |
| July 9  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 10 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 11                 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 12  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 13 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full |
| July 16 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 17 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 18                 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 19  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 20 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full |
| July 23 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 24 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 25                 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 26  | <input type="checkbox"/> Half<br><input type="checkbox"/> Full | July 27 | <input type="checkbox"/> Half<br><input type="checkbox"/> Full |

**Extended Care**

Extended care is available during Summer Camp for \$4.00/hour.  
Please select if your child will need:

Before care (7:00-8:00 am)

After care (4:00-5:30 pm)

Extended care is available between Summer Camp and school (8:00 am – 5:30 pm) for \$4.00/hour. No special activities or educational programming will be provided.

Select the non-camp days your child will need care (circle all that apply)

| Monday                 | Tuesday  | Wednesday | Thursday | Friday    |
|------------------------|----------|-----------|----------|-----------|
| Memorial Day<br>Closed |          |           | May 24   | May 25    |
|                        | May 29   | May 30    | May 31   | June 1    |
| July 30                | July 31  | August 1  | August 2 | August 3  |
| August 6               | August 7 | August 8  | August 9 | August 10 |

I understand that I will be charged for the days indicated on this form. Any changes to the schedule must be presented to the Director in writing two weeks in advance in order for my billing statement to be adjusted. If changes are not submitted to the Director, payment will be required per the schedule outlined on this form. Any camp activity hosted off-site of ABQ Children’s Academy may have a participation fee, which must be paid before the time of the activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Summer Camp



Please keep this schedule for your reference.

| Summer Camp Overview |           |                              |                                |
|----------------------|-----------|------------------------------|--------------------------------|
| Theme                |           |                              | Where We're Going              |
| Week 1               | 6/4-6/8   | Ocean                        | Aquarium                       |
| Week 2               | 6/11-6/15 | Creative Expressions (Art)   | Bowling                        |
| Week 3               | 6/18-6/22 | Score! Sports Galore         | Ninja Force gym                |
| Week 4               | 6/25-6/29 | Secret Life of Pets          | Pet Store                      |
| Week 5               | 7/2-7/6   | Stars and Stripes            | Planetarium                    |
| Week 6               | 7/9-7/13  | Culinary Creations (Cooking) | Dion's                         |
| Week 7               | 7/16-7/20 | Camping and Bugs             | Botanical Gardens (Sack Lunch) |
| Week 8               | 7/23-7/27 | Story Books                  | Movie Theater                  |

| Weekly Schedule |                                   |
|-----------------|-----------------------------------|
| Mondays         | STEM                              |
| Tuesdays        | Field Trip                        |
| Wednesdays      | Swimming                          |
| Thursdays       | Bi-weekly in-school visitor       |
| Fridays         | In-school special lunch and movie |



## Student Registration Form

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

|   |   |
|---|---|
| Please mark:<br><input type="checkbox"/> Half Day<br><input type="checkbox"/> Full Day<br><input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | Program:<br><input type="checkbox"/> Toddlers<br><input type="checkbox"/> Preschool<br><input type="checkbox"/> Pre-K |
|---|---|

### 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<br>(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<br>(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: \_\_\_\_\_





## CLASSROOM EMERGENCY CONTACT CARD

Student's Name \_\_\_\_\_

Please indicate who you would like to be called if your child is sick, injured or has any other need while at school.

First, call:

@

which is a  work,  home,  cell number.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

This person is the student's

\_\_\_\_\_  
mom, dad, aunt, older brother, etc.

Next, try:

@

which is a  work,  home,  cell number.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

This person is the student's

\_\_\_\_\_  
mom, dad, aunt, older brother, etc.

If you can't get either of these people, then try:

@

which is a  work,  home,  cell number.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

This person is the student's

\_\_\_\_\_  
mom, dad, aunt, older brother, etc.

## 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.).

---

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.

---

Signature

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Date