

Preschool After Care Registration



024 Academy Dr., Corrales, NM 87048
(505) 897-4805

(Please type or print all information in blue or black ink)

Date of Application

____/____/____
Applying School Year

I. STUDENT

LEGAL NAME: LAST		FIRST	MIDDLE	PREFERRED NAME	
PERMANENT ADDRESS: STREET			CITY	STATE	ZIP
DATE OF BIRTH	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE: _____ STUDENT CELL PHONE _____		
HEALTH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	DOES THE STUDENT HAVE ANY PHYSICAL CONDITION OR SPECIAL NEEDS THAT WOULD LIMIT HIM/HER IN ANY CAPACITY: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE DESCRIBE) _____		ALLERGIES <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE DESCRIBE) _____		

II. PARENT / GUARDIAN

FATHER'S NAME _____	MOTHER'S NAME _____
PHONE (HOME) _____	PHONE (HOME) _____
PHONE (CELL) _____	PHONE (CELL) _____

III. EMERGENCY CONTACTS

The persons listed below have consented to assume responsibility of my child in case of illness or accident until I can be reached.

NAME _____	NAME _____
PHONE (HOME) _____	PHONE (HOME) _____
PHONE (CELL) _____	PHONE (CELL) _____
PHONE (WORK) _____	PHONE (WORK) _____

SIGNATURE OF PARENT / GUARDIAN

DATE