

# 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

Grade Entering

\_\_\_\_\_

## 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