

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