



STUDENT RE-REGISTRATION

TODAY'S DATE _____

CHILD'S LAST NAME _____ FIRST NAME _____ DOB _____

PLEASE CHECK THE DAYS AND PROGRAM YOUR CHILD WILL BE ATTENDING

- MORNING T/TH 8:05-12NOON (\$305)
- MORNING M/W/F 8:05-12NOON (\$410)
- MORNING M/T/W/TH/F 8:05-12NOON (\$555)
- PRE-K/KINDERGARTEN (M/T/W/TH/F) 8:05-12NOON (\$565)
- AFTERNOON M/T/TH 1:05-5 (\$410)

PARENTS OR GUARDIANS

PARENT 1 LAST NAME : _____ FIRST NAME : _____

ADDRESS: _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

MOBILE PHONE _____ EMAIL _____

Amiguitos has permission to share the following information with other parents in this school:

Check all that apply: Home phone _____ Mobile _____ Email _____ Home address _____

PARENT 2 LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

MOBILE PHONE _____ EMAIL _____

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Check all that apply: Home phone _____ Mobile _____ Email _____ Home address _____

EMERGENCY CONTACT OTHER THAN PARENTS

LAST NAME _____ FIRST NAME _____

PHONE (1) _____ (2) _____ RELATIONSHIP _____

INDIVIDUALS who are authorized to pick up my child –OTHER THAN PARENTS-

Name _____ Signature _____

Name _____ Signature _____

TO BE FILLED BY STAFF

- NON REFUNDABLE Registration and materials fee (\$100)
Check # _____ Date received _____
- Fee Payment Agreement
- Last Day of attendance** _____ **Reason** *

*CP-Completed Program, M-moved, FD-financial difficulties, O-Other