



OFFICE ONLY
 AM ___ File ___ Faceplate ___
 Allergy ___ Bday ___ Other ___

STUDENT REGISTRATION FORM

please print clearly, one registration form per student **(FILL OUT ALL SIDES)**

Student Name _____ Age ___ Male ___ Female ___ DOB ___/___/___ Grade _____
Last First

Home Address _____ City _____ Zip Code _____

Primary Contact Name & Phone # _____

School _____ Teacher's name _____

FAMILY INFORMATION

Parent/Guardian _____ Parent/Guardian _____
 Relation to Child _____ Relation to Child _____
 Primary # _____ Primary # _____
 Secondary # _____ Secondary # _____

OPTIONAL DEMOGRAPHIC INFORMATION: ZFFC IS A 501(C)(3) NON-PROFIT ORGANIZATION. PLEASE HELP US BACK TO OUR COMMUNITY PARTNERS BY COMPLETING THE FOLLOWING INFORMATION:

Ethnicity: ___ African American ___ Asian ___ Hispanic ___ Latino ___ Caucasian ___ Native American ___ Multi-racial ___ Other

Number of people in household: _____

Home Language: English is primary language spoken at home. ___ Yes ___ No Other _____

Yearly Household Income: _____ \$0 - \$11,770 _____ \$11,770 - \$14,999 _____ \$15,000 - \$19,999 _____ \$20,000 - \$24,999 _____ \$25,000 - \$29,999 _____ \$30,000 - \$34,999 _____ \$35,000 - \$39,999 _____ \$40,000 and above

Marital Status: ___ single-never married ___ single-widowed ___ divorced ___ married/partners ___ re-married/partners

Employment Parent 1: Works outside of home ___ PT ___ FT ___ Does not work

Employment Parent 2: Works outside of home ___ PT ___ FT ___ Does not work

Education of Parent 1: ___ Some high school ___ Completed high school ___ Some college ___ Completed college ___ Graduate school +

Education of Parent 2: ___ Some high school ___ Completed high school ___ Some college ___ Completed college ___ Graduate school +

OFFICE USE ONLY Payment: _____ Full _____ Monthly _____ AM ONLY _____ Other _____

FEES: _____ Tuition: _____ Registration _____ Materials _____ Other _____ TOTALS _____

AM Program _____ Scholarship: Class _____ Fee: _____

Total Amount Paid _____ Check/Cash _____ Date: _____

Child Release and Emergency Phone Contacts (Not living at child's address and within Albuquerque area)

Please list any and all persons who are authorized to pick up your child. Note: ONLY persons listed on this form that are 18 years or older and have a valid state ID will be allowed to pick up your child. No exceptions.

NAME & Relation to child	Phone#
1.- _____	_____
2.- _____	_____
3.- _____	_____

I give my consent for my child to be picked up by the persons listed above _____(initial)

COURSE ENROLLMENT INFORMATION (to fill out see class schedule)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
12:35-1:45					
1:45-2:45					
2:50-3:50					
3:50-4:50					
4:50-5:50					

CLASSES MAY BE CHANGED, UP UNTIL THE FIRST MONTH OF THE SEMESTER IF AVAILABILITY AND UPON STAFF APPROVAL PARENTS MUST PICK UP CHILD ON TIME. There is a \$5 fee if the child is picked up 10 minutes late and \$10.00 for every 5 minutes after that. The last class ends at 5:50pm NO EXCEPTIONS! Please call if you are going to be late, the child will be placed in a class and you will be charged a drop-in fee. SEE APS POLICIES AND PROCEDURES IF CHILD IS NOT PICKED UP ON TIME.

Before ZFFC my child comes from _____ **Parent drop off** _____ **Other** _____

After ZFFC my child goes to: _____ **Parent Pick up** _____ **Other** _____

ZIA FAMILY FOCUS CENTER, ZFFC, POLICES & Procedures
please read and initial

ENROLLMENT: To enroll your child, you must complete the ZFFC registration form (one per student) . Each class has a minimum of 5 students and a maximum of 15 students. If the minimum is not met, we reserve the right to cancel the class. If the class is cancelled, students can join another available class, or a class refund can be issued. _____

TUITION: For fees and class tuition see ZFFC menu of services hand out. _____

PAYMENTS: TUITION PAYMENT MUST BE MADE UPON REGISTRATION or a payment schedule must be agreed upon, with a payment being made at the time of registration. Payments must be made on the dates scheduled. PAYMENTS are due by the 5th of the month, there is a late fee of \$10 for late payments. Past due accounts will prevent child from attending classes and If tuition balance not paid from the previous semester, child may not be enrolled in program until account is up to date. _____

ATTENDANCE: Please call if child will be late or absent. ZFFC will notify you if child is absent via a phone call to the PRIMARY CONTACT on the current registration form. If primary contact can not be reached, a voice message will be left. _____

SIGN-OUT: Each child must be signed out when picking up from ZFFC. Parents will enter the ZFFC through the north facing door (on the painted wall by playground). All other doors will be locked. If a child needs to be picked up early please call 260-6106 and notify staff. _____

ISSUES/CONFLICTS: An incident form will be issued by a ZFFC staff If there is an issue with staff, another parent or another child. Report must be filled out and returned to ZFFC then it will be processed within five working days. _____

PHONES/ELECTRONICS: The ZFFC's phone will ONLY be available for a child's use in the case of an emergency. CELL PHONES and ELECTRONICS are not to be used during class time. ZFFC is not responsible for the loss of any such items or other valuables. _____

SNACKS: A healthy, USDA/APS approved meal will be served daily to all ZFFC participants. ZFFC offers snacks for sale for a \$1.00. A Snack card can be purchased in advance and kept on file for the child. _____

MEDICATION POLICY: Zia Elementary School health personnel and health office (including children's medications) will not be accessible during the program hours of operation. Program staff is not authorized to, nor will they administer and/or store medications. If a medical issue arises we will notify the main contact immediately and if necessary, contact the medical practitioner/facility specified on the child's registration form. If a child is ill during program hours the parent/guardian will be notified. _____

SAFETY and PARTICIPANT BEHAVIOR: Participating children are supervised at all time by ZFFC staff. Children enrolled at ZFFC who are in kindergarten at Zia, are escorted daily to the ZFFC facility by their teacher. Please make sure that your child's teacher knows that your child is participating in the ZFFC program and on what days. Special arrangements are made for children needing to be escorted between nearby school programs. ZFFC follows the APS and Zia Elementary School behavioral guidelines _____

EMERGENCY NOTIFICATION: ZFFC follows APS policy and procedures in the event of a fire, lockdown, shelter in place or off campus evacuation during program hours _____

Use of Photos, videos brother materials: The Zia Family Focus Center reserves the right to take photos, videos and use students names for educational training, media coverage, ZFFC web, displays, and any other marketing or grant opportunities . _____

ZIA FAMILY FOCUS CENTER, ZFFC, POLICES & PROCEDURES CONTINUES

ZERO TOLERANCE: ZFFC has a zero tolerance policy with regard to bullying, teasing or physical fighting. Acts of this nature are grounds for immediate dismissal from program.

Code of Conduct/Right of Refusal of Service. ZFFC reserves the right to refuse service to anyone at its sole and absolute discretion.

ZFFC/APS CLOSURES: The Zia Family Focus Center will be closed for Holidays, in-service days, and other days in conjunction with APS and the Zia Elementary School calendar, unless otherwise noted. On certain holidays and in-service days ZFFC offers day camps at an additional cost.

ACKNOWLEDGMENT OF RISK/MEDICAL INFORMATION

In the event that emergency medical treatment is required, I _____ (print name) hereby give my consent to Family Focus Center staff to provide or acquire such emergency treatment as necessary, including transport to a medical facility, and I agree to assume financial responsibility for any cost incurred. I hereby forever release, discharge and hold harmless the Family Focus Center, its volunteers and any organizations associate with the Center from any and all claims, demands, lawsuits, expenses, or charges of whatever kind which may occur or result from any injuries whatsoever, from our participation or our child's participation in the Zia Family Focus Center.

Name of Doctor _____ Phone _____

Medical Facility _____ Phone _____

Allergies (Food, Medicine, etc.) /Medical Conditions _____

Medication Taken: _____

Signature: _____ Date: _____

I agree to and understand the ZFFC's policies, and procedures and certify that the information provided on this form is accurate and truthful to the best of my knowledge.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____

Date _____

WELCOME, BIENVENIDOS
TO THE ZIA FAMILY FOCUS CENTER,
where learning meets fun !!