

Application For Admission

Student's Full Name _____

Preferred name or nickname _____ S.S. # _____

Birth date _____ Age _____ Sex _____

Program Attending (check appropriate boxes): ___Half Day (8:30-11:30)

___School Day (8:30 - 3:00) ___ Before School (7:30 - 8:30)___ After School(3:00-6:00)

Address: _____

City _____ State _____ Zip _____

Home Phone Number _____

What public school would your child attend? _____

Father's Name: _____

Home Address _____

Telephone _____ Cell Phone _____

Father's Employer _____ Occupation _____

Employer's Address _____ Work Phone _____

Social Security No. _____ E-mail _____

Mother's Name: _____

Home Address _____

Telephone _____ Cell Phone _____

Mother's Employer _____ Occupation _____

Employer's Address _____ Work Phone _____

Social Security No. _____ E-mail _____

NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

This school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, race, national and ethnic origin in administration of its educational and admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Has the child previously attended a child care center or school /

No Yes, Where? _____ For how long? _____

Reason for Leaving _____

Child's present living arrangement: Both Parents Mother Father
 Other _____

Child's legal guardian: Both parents Mother Father
 Other _____

Is your child adopted? yes no Is he/she aware of the adoption? yes
 no

Does your child speak English? yes no
What language is primarily spoken at home? _____

List all persons living in the home (including parents) :

Name	Age	Relationship to child
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name	Phone	Relationship
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These persons may be contacted in an emergency when guardian(s) may not be located, and have permission to pick up the child when guardian(s) is/are not able to do so in person:

Name	Address	Telephone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Who May **NOT** Pick Up Your Child: _____

Child's Physician or Clinic's Name: _____

Telephone Number _____

Any known allergies? _____

Students Development History:

Please mark the diseases your child has had: ___Chicken pox ___ Mumps ___
3 day Measles ___Whooping Cough Other:_____

Please mark any of these conditions your child has: ___Diabetes ___Asthma
___Kidney Trouble___Heart Ailments ___Ulcers ___A.D.D
___Hay Fever___Headaches___Seizures___Hyperactivity ___None
___Other conditions:_____

Does your child have any special physical, emotional or learning challenges?
If so, please explain the condition and what special accommodations we may make
to meet your child's needs at school:

Does your child presently take a regularly prescribed medication?_____
If so, what?_____

What are your child's special interests?_____

What discipline method is used at home?__Physical__Lecture__Restriction
___Other_____

What time does your child usually go to bed?_____awaken?_____

Please mark any of these experiences your child had difficulties with in his early
years.__Eating__Sleeping__Speaking__Toilet Training__Crying__Cuddling
___Serious Injuries__Getting along with others__Discipline__None
Explain:_____

Has your child ever been hospitalized?__yes __no If so, what was his/her age?__
Reason_____

Has your child had his/her eyes checked?___yes ___no ___wears glasses

Has your child had his/her hearing checked? ___yes ___no ___Corrections

Has your child had his speech checked? _____yes _____no

Is he/she receiving speech therapy?_____

Describe child's physical development ___Normal ___Rapid ___Slow

Date of child's last pediatrician exam_____

Date of child's last dental exam_____Dr.'s Name_____

Parent's Statement of Agreement

I understand and agree to the following conditions of admission:

1. Classes begin at 8:30 a.m. I will be responsible for seeing that my child arrives on-time each day. Frequent tardies and absences are not acceptable and may result in dismissal.
2. I will keep the information on my child's enrollment card current. I will inform the school immediately of new phone numbers, addresses and any changes concerning my child's situation, including but not limited to, immunization records.
3. I will contact the Administration in a timely manner to discuss concerns of the school program or staff.
4. I will strive to have my children in attendance every school day. Texas law requires 177 school days per year.
5. I will schedule doctor appointments, when possible after 3:00 p.m.
6. I will attend Parent/Teacher Conferences to discuss my child's social and academic progress.
7. I will attend Parent Workdays and Community Meetings.
8. I will see that my child completes homework assignments when given.
9. I will see that my child makes up his/her work assignments when he/she is ill. Ten unexcused absences in kindergarten justifies dismissal from the program. Four tardies equal one absence.
10. The undersigned agree to pay our child's fees and tuition payment schedule as stated in the Financial Information. We will provide two weeks written notice of withdrawal. (There are no allowance made for sick days, vacations, bad weather closings, etc. As long as your child's place is reserved in our program, full tuition payment must be made.)
11. I have read the Parent handbook and understand the policies regarding enrollment and fees at AMA.
12. I will attend Parent Orientation before my child's 1st day of school each year.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____