American Academy Learning Center

New and Returning Student Registration

FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: (circle one) **MALE FEMALE** PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT PHONE: (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CELL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT RESIDENT STATUS (circle one): **IN COUNTY OUT OF COUNTY OUT OF STATE FOREIGN EXCHANGE**

STUDENT ETHNIC ORIGIN (circle one): **YES, HISPANIC OR LATINO NO, NOT HISPANIC OR LATINO**

STUDEN RACE (circle all that apply): **AMERICAN INDIAN OR ALASKAN NATIVE ASIAN WHITE**

**BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

STUDENT LIVES WITH (circle one): **PARENT GUARDIAN OTHER FOSTER PARENT GROUP HOME**

Is a language other than English used in the home? (Circle) **YES NO**

Does the student have a first language other than English? (Circle) **YES NO**

PARENT OR GUARDIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE – HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (accept text YES or NO)

ADDRESS (if different than the student home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PARENT OR GUARDIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE – HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (accept text YES or NO)

ADDRESS (if different than the student home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ANY OTHER ADULT ALLOWED TO PICK UP STUDENT RELATIONSHIP TO STUDENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE LEVEL THIS YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE LEVEL LAST YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT HAS A LIFE THREATENING ALLERGY: **YES or NO** ALLERGY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMERICAN ACADEMY LEARNING CENTER may take pictures or videos of youth and adult participants in any activity, including ANY AND ALL PROGRAMS. Images may be used in ANY promotional materials (brochures, catalog, website, and social media). For your safety, names will never be used without permission. You (or your child’s) enrollment in any activity with AMERICAN ACADEMY LEARNING CENTER indicates your approval.

TRANSPORTATION WAIVER I (Parent’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_allow my child (Child Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to ride with other Parents and ANY OTHER source of transportation to and from any and all AMERICAN ACADEMY PROGRAMS AND EVENTS FOR THE 2021-2022 YEAR. I have read and understand all the rules and expectations stated in the information package. Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_

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| STUDENT EMERGENCY FORM | | GRADE |
| NAME: First Last | DOB | PHONE |
| ADDRESS | | GENDER  M F |

|  |  |  |  |
| --- | --- | --- | --- |
| GUARDIAN NAME | CELL | GUARDIAN NAME | CELL |
| EMAIL | | EMAIL | |
| OTHER PERSONS AUTHORIZED TO PICK UP CHILD | | PASSWORD FOR ALTERNATE PICK UP PERSON | |
| IN CASE OF EMERGENCY WHEN NEITHER GUARDIAN CAN BE REACHED PLEASE LIST A PERSON WE CAN CALL AND PHONE NUMBER | | | |

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| --- | --- | --- |
| STUDENT EMERGENCY FORM | | GRADE |
| NAME: First Last | DOB | PHONE |
| ADDRESS | | GENDER  M F |

|  |  |  |  |
| --- | --- | --- | --- |
| GUARDIAN NAME | CELL | GUARDIAN NAME | CELL |
| EMAIL | | EMAIL | |
| OTHER PERSONS AUTHORIZED TO PICK UP CHILD | | PASSWORD FOR ALTERNATE PICK UP PERSON | |
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| HEALTH CONCERNS OF THE STUDENT, INCLLUDING ALLERGIES AND ALLERGIC REACTIONS | |
| STUDENT’S DOCTOR OR CLINIC NAME AND ADDRESS | PHONE |

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| MEDICATIONS TAKEN BY STUDENT AT HOME OR AT SCHOOL |
| PHYSICAL RESTRICTIONS OR LIMITATIONS |
| I am agreeing that in the event of a serious illness or accident, if the school is unable to contact the parent/guardian or person designated, arrangements for immediate transportation and treatment will be made. Payment of fees will be the responsibility of the parent/guardian. |

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| --- | --- | --- | --- |
| GUARDIAN SIGNATURE | DATE | GUARDIAN SIGNATURE | DATE |

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| --- | --- |
| HEALTH CONCERNS OF THE STUDENT, INCLLUDING ALLERGIES AND ALLERGIC REACTIONS | |
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| --- | --- | --- | --- |
| GUARDIAN SIGNATURE | DATE | GUARDIAN SIGNATURE | DATE |