

**APPLICATION FOR ADMISSION**

**All Angels Episcopal Day School**  
**601 Montano Road NW**  
**Albuquerque, NM 87107**

**OFFICE USE ONLY**

Registration fee  
 Parent Handbook  
 Immunization record  
Date of enrollment \_\_\_\_\_  
Date of disenrollment \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone/Pager: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone/Pager: \_\_\_\_\_

Which parent should be contacted first in case of illness or emergency? \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of persons authorized to pick up child: \_\_\_\_\_

\_\_\_\_\_

Names of persons **NOT** authorized to pick up child: \_\_\_\_\_

\_\_\_\_\_

Names and phone numbers of TWO LOCAL emergency contacts:

1. \_\_\_\_\_

2. \_\_\_\_\_

Code word (to authenticate phone call or pick up): \_\_\_\_\_

Which time slot and program do you desire? Please check one day and one time selection.

Days- ( ) M-F ( ) MWF ( ) TTh  
Time- ( ) 7:00-5:30 ( ) 7:00-3:00 ( ) 9:00-12:30

On what date would you like your child to start attending? \_\_\_\_\_

Is your child baptized? yes \_\_\_\_\_ no \_\_\_\_\_

**If yes**, may she or he receive Holy Communion at school at the Parish Eucharist on Thursday mornings?

yes \_\_\_\_\_ no \_\_\_\_\_

How did you learn about All Angels? \_\_\_\_\_

Do you wish to have your name, address, and telephone number included on a roster to be distributed to other All Angels' families? yes \_\_\_\_\_ no \_\_\_\_\_

List names, ages, and relationship to your child of other members of your household:

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List other significant persons in your child's life: \_\_\_\_\_

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What languages are spoken in your home? \_\_\_\_\_

Describe any special medical conditions (including allergies) your child has: \_\_\_\_\_

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Has your child been in a group child care setting before? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, what type and how often? \_\_\_\_\_

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Does your child take a nap? Yes \_\_\_\_\_ no \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Please explain briefly your child's bedtime routine, including time for going to bed? \_\_\_\_\_

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Is your child toilet trained? Yes \_\_\_\_\_ no \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

What terms does your child use for bladder and bowel functions? \_\_\_\_\_

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How do you acknowledge your child's positive behavior or accomplishments? \_\_\_\_\_

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What methods do you use to address negative or inappropriate behavior with your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

Describe any special circumstances (divorce, death, new baby, move, for example) which may be factors in your child's current behavior: \_\_\_\_\_

\_\_\_\_\_

In what ways would you like to see your child develop during her/his time in our program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What else would you like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

All Angels welcomes parent volunteers to assist with various activities. Inviting our parent community to share their talents enriches our daily curriculum and widens our perspectives. Please check below any activities of interest to you.

classroom activities (helping in the classroom)     field trips (arranging for or driving)

Fundraising Activities

Bake sales (baking, selling, purchasing, etc.)

Silent Auction (set up/clean up, soliciting donations, helping with food or other activities that day)

Special talents or interests

story telling                       health/nutrition                       reading                       exercise

cooking                       arts or crafts                       parenting topics                       music

family heritage                       drama                       ethnic festivals                       dance

Please list any other talents or community contacts you have that you might be willing to use to benefit All Angels:

\_\_\_\_\_

Please check any of the behaviors below that concern you about your child.

<input type="checkbox"/> clingy, over-dependent	<input type="checkbox"/> cries/ whines a lot	<input type="checkbox"/> worries a lot
<input type="checkbox"/> over demanding for attention	<input type="checkbox"/> easily embarrassed	<input type="checkbox"/> withdraws
<input type="checkbox"/> won't take "no" for an answer	<input type="checkbox"/> sleepwalks	<input type="checkbox"/> nervous
<input type="checkbox"/> cranky and irritable	<input type="checkbox"/> tires easily	<input type="checkbox"/> has night terrors
<input type="checkbox"/> sleeps more/less than most	<input type="checkbox"/> complains of loneliness	<input type="checkbox"/> poor coordination
<input type="checkbox"/> accident prone	<input type="checkbox"/> complains of physical ailments	<input type="checkbox"/> excessive tantrums
<input type="checkbox"/> bossy to or with children/adults	<input type="checkbox"/> aggressiveness	<input type="checkbox"/> "picky" eater
<input type="checkbox"/> cruel to animals	<input type="checkbox"/> speech difficulties	<input type="checkbox"/> talks too loudly

**AUTHORIZATION FOR MEDICAL TREATMENT**

I give permission for the staff of All Angels Episcopal Day School to authorize emergency medical transportation and treatment of my child \_\_\_\_\_. I assume financial responsibility for the cost of emergency medical transportation and treatment of my child.

( ) yes ( ) no Signature: \_\_\_\_\_

**AUTHORIZATION FOR DISPENSING OF MEDICATION**

I give permission for the staff of All Angels Episcopal Day School to administer medication to my child \_\_\_\_\_ during school hours upon my written request. This request will include dosage as well as date and time to be given. All medications must be in original containers.

( ) yes ( ) no Signature: \_\_\_\_\_

**RELIGIOUS EDUCATION**

I understand that All Angels Episcopal Day School is a ministry of St. Michael and All Angels Episcopal Church and that religious education is a component of the program.

( ) yes ( ) no Signature: \_\_\_\_\_

**PUBLICITY RELEASE**

I give permission for my child \_\_\_\_\_ to be photographed, interviewed, video- or audiotaped for publicity (newspaper, television, film, slide presentation, brochure) purposes, to educate the public on the function of and the services offered by All Angels Episcopal Day School. I waive all claims for any compensation for such use or for damages.

( ) yes ( ) no Signature: \_\_\_\_\_

**NATURE WALK PERMISSION**

I give permission for my child \_\_\_\_\_ to participate in nature walks in the vicinity of All Angels Episcopal Day School while attending the program.

( ) yes ( ) no Signature: \_\_\_\_\_

**PARENT HANDBOOK**

I acknowledge receipt of the Parent Handbook, which contains All Angels Episcopal Day School's policies, procedures and Guidance policy. I agree to comply with these policies and procedures.

( ) yes ( ) no Signature: \_\_\_\_\_

**FUND-RAISING COMMITMENT**

I realize that the annual operating budget includes a fund-raising goal each year and parent assistance is necessary to reach that goal. I understand I will be expected to assist at the various fund-raisers while my child is enrolled at All Angels Episcopal Day School.

Signature: \_\_\_\_\_

**SUPPLY AND FIELD TRIP FEES**

I agree to pay the annual supply fee and the annual field trip fees as noted in the Parent Handbook.

( ) yes ( ) no Signature: \_\_\_\_\_

**TUITION**

I agree to pay All Angels Episcopal Day School \$ \_\_\_\_\_ per month for tuition and \$5.00 per hour for extended care, if used.

( ) yes ( ) no Signature: \_\_\_\_\_

**UPDATE INFORMATION**

I agree to inform All Angels Episcopal Day School of any changes in my personal information as recorded in this registration form.

( ) yes ( ) no Signature: \_\_\_\_\_