

Chinook Spirit Children's Academy Student Name _____ Parent Initials _____

Enrollment Form School Year _____ **CSCA admits students of any race, color, and national or ethnic origin.**

Date _____ Enrolling for Grade K Pre-1st 1st 2nd 3rd 4th 5th 6th 7th 8th

Student Information

Student Name _____

First Middle Last Prefer to be called

Male Female DOB _____ Country of birth _____

Primary Address _____

(where student lives)

Grade currently in _____

School(s) currently/previously attended _____

School(s) Address and Phone # _____

For statistical reporting purposes, race, select at least one: Hispanic/Latino American Indian or Alaska Native
 Asian African American Native Hawaiian or Other Pacific Islander White Other

I do not wish to disclose this information.

Does the student have a current Individualized Education Plan? Yes No

Has the student ever been retained Yes No If yes, which grade(s)? _____

1. What is the student's first language? _____

2. What language does the student speak at home most of the time? _____

3. Is the student in, or has the student been in, an English as a Second Language Program? Yes No

In a Bilingual/Dual Program? Yes No

Please note: IEP and Language inquiries are for our information only. CSCA is not able to offer IEP's and does not offer ESL programs, though sheltering strategies are a regular part of our teaching methods.

Primary Household Information

Parent/Legal Guardian _____

First Middle Initial Last

Relationship to student _____ Home Phone _____ Cell Phone _____

Employer Phone _____ Work Phone _____

Text messages on cell phone okay? Yes No

Email to receive school correspondence _____

Chinook Spirit Children's Academy Student Name _____ Parent Initials _____

2nd Parent/Legal Guardian _____

First Middle Initial Last

Relationship to student _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Text messages on cell phone okay? Yes No

Email to receive school correspondence _____

Interested in more information on volunteering? Yes No

Permission to pick up from school? Yes No

Secondary Household Information (if applicable)

Parent/Legal Guardian _____

First

Middle Initial

Last

Relationship to student _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Text messages on cell phone okay? Yes No

Email to receive school correspondence _____

Spouse Name _____

Additional Phone #s or emails _____

Interested in more information on volunteering? Yes No

Permission to pick up from school? Yes No

Sibling Information: Any other children in the family?

Name

Relationship to applicant

DOB

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Medical Information

School staff needs to know if your student has a medical condition for which he/she may require assistance during the school day. Remember to advise the school of any changes in information.

Last physical exam date _____

Medications student is allergic to _____

Foods or anything else student is allergic to _____

Please check any current medical conditions: Serious Allergies Life Threatening? Yes No

Asthma Heart Disease Seizure Disorder Diabetes Type I Type II

Other special health needs at school:

Medications to be taken at school (please list and also complete the Authorization for Medication form):

Doctor's Name (optional)

Phone No. (optional)

Dentist's Name (optional)

Phone No. (optional)

Preferred Hospital _____

County-operated Emergency Medical Services (EMS) makes the final decision for site of best available care when serious illness, accident or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

Insurance Carrier (optional) _____

*Please note: Submission of a copy of Immunization records or a state waiver form is required in order to begin attending school. Copies can be submitted with this enrollment form or any time prior to August 12, 2016.

Chinook Spirit Children's Academy Student Name _____ Parent Initials _____

Please list 2 emergency contacts, in addition to those listed in household information sections of this form.

Last Name

First Name

Relationship to student

Primary phone number

Additional phone number

Additional phone number

Chinook Spirit Children's Academy Student Name _____ Parent's Initials _____

Last Name

First Name

Relationship to student

Primary phone number

Additional phone number

Additional phone number

Please tell us how you learned about Chinook Spirit Children's Academy.

I __do __do not wish to apply for financial aid.

I __do __do not need before-school childcare.

I __do __do not need after-school childcare.

What are some of your child's strengths?

What are your goals for your child while attending CSCA?

Tell us something special and wonderful about your child.

Tell us about your child's Pre-K experience. Was it in or out of the home? What were your goals for that time period, and were they met?

Are there any behavioral, learning or environmental considerations we need to know to best serve your child?

OPTIONAL: Would you like to share your family's religious or spiritual beliefs?

*OPTIONAL: You can learn a great deal about your child and share information with us by completing your child's Spirit Temperament at <http://www.childandfamilyspirit.net>. (You can also access this link from CSCA's website, www.chinookspirit.org under Resources/Links to Resources/Spiritual Resources/Strength of Spirit.)

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Permissions/Authorizations

Photographs, Videos or School Work Release:

Student photographs, videos, or school work are commonly used in newsletters, websites, CSCA Facebook page and other school-related publications.

I authorize use of photos, videos, or school work that include my child for school purposes. Yes No

If NO, I authorize the use of photos, videos, or school work that include my child for school purposes, with the exception of posting them on the internet (ex: CSCA can take photos for awards or recognition and post them on the classroom wall). Yes No

Permission to Pick Up:

Please list the full names of those individuals that you as legal guardian authorize to pick up your child from school.

Please inform all those who are authorized to pick up your child that they may be asked to show a picture ID so the pick-up information can be safely verified.

Name of persons authorized to pick up –AND- Relationship to student :

Anyone not listed on this form will not be allowed to take your child from school for any purpose at any time. If there are additional persons that you decide are allowed to pick up, this form must be updated in person; phone updates are not accepted.

As added precaution, please alert CSCA immediately if there is anyone specific that we need to be aware of that is not allowed to pick up, particularly custody situations. CSCA will need a copy of any court orders regarding this student.

Internet Use:

I understand that access to the Internet through CSCA is a privilege that is to be used for educational purposes. I understand that there are text and graphic files available on the Internet which are inappropriate for minors and that the network administrators cannot monitor all use. While the schools will closely monitor students' usage of the network, my son/daughter is ultimately responsible for his/her actions, and the school will not be held responsible for materials which my son/daughter might access.

Parent Signature for internet use _____ Date _____

Enrollment Commitment: A nonrefundable commitment of \$200 is due with enrollment form in order to hold your child's space. Make checks or money orders payable to Chinook Spirit Children's Academy.

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Tuition: \$6500/yr (IF you are able to volunteer 6-8 hrs/mo for CSCA, tuition is \$6,000/yr.)

- Tuition for school year may be paid in full by August 1 with a 5% discount. In that case, the amount due is \$6,175.00 If you are able to volunteer 6-8 hrs/mo for CSCA, tuition due is \$5,675 (\$6,175-500). –OR- Tuition may be paid in 10 monthly payments due on the first of every month (Aug 1-May 1), and the amount due each month is \$650. Monthly tuition payments shall be made in the form of check or money order (no cash). If you are able to volunteer 6-8 hrs/mo for CSCA, monthly payments are \$600.
- The Responsible Party's payment obligation shall be based upon the program for which the student is enrolled, not on actual attendance.
- There shall be no tuition reduction or make-up days due to absences, vacations or snow days.
- Responsible Party must give 30 days' notice of disenrollment and is responsible for the tuition during that 30day period.

By signing this form, I agree that all the information in these pages is true and accepted.

Signature of Parent/Guardian Date

Submit the following to Chinook Spirit Children's Academy:

Immediately--

Enrollment Form

Check or money order for \$200

Copy of birth certificate to verify student's legal name and age

Copy of photo ID of at least one parent or legal guardian that is enrolling the student

By August 1st

Copy of the immunization record or a state waiver form

Court orders or guardianship/custody papers (if applicable)

OPTIONAL: A copy of your child's Spirit Temperament completed from <http://www.childandfamilyspirit.net>. (You can also access this link from CSCA's website, www.chinookspirit.org under Resources/Links to Resources/Spiritual Resources/Strength of Spirit.)

Remainder of August tuition Chinook Spirit Children's Academy

PO Box 65158, Albuquerque, NM 87193-5158 For assistance, please call 850-7916 or email info@chinookspirit.org