



Chinook Spirit Children's Academy

PO Box 65158

Albuquerque, NM 87193-5158

Ph: (505) 850-7916 | E: info@chinookspirit.org

Enrollment Form School Year _____

Student Name _____

Parent Initials _____

CSCA admits students of any race, color, and national or ethnic origin.

Date _____

Grade currently in _____ 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): _____

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.

School(s) currently/previously attended _____

School(s) Address and Phone # _____

Does the student have a current Individualized Education Plan (IEP)? 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.



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Primary Household Information

Parent/Legal Guardian _____
First Middle Initial Last

Relationship to student _____

Home Phone _____ Cell Phone _____ *Text messages okay?* Yes No

Employer Phone _____ Work Phone _____

Email to receive school correspondence _____

Spouse/2nd Parent/Legal Guardian _____
First Middle Initial Last

Relationship to student _____

Home Phone _____ Cell Phone _____ *Text messages okay?* Yes No

Employer Phone _____ Work Phone _____

Secondary Household Information (if applicable)

Parent/Legal Guardian _____
First Middle Initial Last

Relationship to student _____

Home Phone _____ Cell Phone _____ *Text messages okay?* Yes No

Employer Phone _____ Work Phone _____

Email to receive school correspondence _____

Spouse/2nd Parent/Legal Guardian _____
First Middle Initial Last

Additional Phone #s or emails _____

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 _____

Other special health needs at school:

Medications to be taken at school (*Please list. 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 1.*



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Emergency contacts *(in addition to those listed in household information sections of this form).*

PLEASE PROVIDE AT LEAST TWO (2) EMERGENCY CONTACTS

Last Name

First Name

Relationship to student

Primary phone number

Additional phone number

Additional phone number

Last Name

First Name

Relationship to student

Primary phone number

Additional phone number

Additional phone number

Last Name

First Name

Relationship to student

Primary phone number

Additional phone number

Additional phone number



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How did you learn 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?



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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 (example: CSCA can take student 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. All individuals authorized to pick up your child **may be asked to show a picture ID** so they may be safely verified.*

Name of person authorized to pick up	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



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Tuition: \$6,500/yr

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

- 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 –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, money order (no cash) or by credit card through our website, www.chinookspirit.org. (Please note: There is a \$10 service fee when paying by credit card or e-check.)
- 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 30 day period.

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

Signature of Parent/Guardian

Date

Enrollment Checklist

Submit the following to Chinook Spirit Children's Academy:

- Immediately--*
- Fully completed and signed **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 and activity fee