



Welcome Amigos
Spanish Immersion
Education Center

2012 - 2013 After School Enrollment Forms

Please attach
a recent photo of
student.

***All fields must be filled out completely and clearly to print, if it does not apply to you, please indicate ***

Student's Information:

Male Female Reapplying Student? Yes No
Is English primary language? Yes No If no, please specify: _____

Full Legal Name _____ Preferred Name _____

Birth date _____ Student's Current age _____ Home Phone Number _____

Desired Class _____ Days _____ Time _____ Location San Mateo Burlingame

Alternate Choice _____ Days _____ Time _____ Location San Mateo Burlingame

Student attending Club de Español? Yes No If yes, what day/s? _____

Parents/ Legal Guardian Information: *(please indicate Mr., Mrs., Ms., etc.)*

Parent A/ Legal Guardian Full Legal Name _____

Parent B / Legal Guardian Full Legal Name _____

Address _____

Address 2 (if Student resides in an additional address) _____

City _____ State _____ Zip Code _____

Parent A / Legal Guardian Occupation or Position _____ Business Number _____

Parent A / Legal Guardian Cell Phone Number _____ Email Address _____

Parent B/ Legal Guardian Occupation or Position _____ Business Number _____

Parent B/ Legal Guardian Cell Phone Number _____ Email Address _____

If parents are separated, who is the custodial parent? _____

Medical Information:

Student's Doctor

Doctor's Phone Number

Student's Dentist

Dentist Phone Number

Medical Conditions/ Concerns

Medications Taken / Allergies

Health Insurance

Policy Number

Hospital Preference

In event of apparent serious illness, accident or disaster, when I cannot be reach I wish one of the following person(s) to be notified by telephone. They are authorized to act in my absence, and will be informed that their names have been used on this form. It must be someone who is available during the day and can be easily reached. **Do not** list parents in the spaces below. ****At least *two* minimum****

Name

Relationship

Address

Home Number

Mobile Phone

City

State

Zip Code

Name

Relationship

Address

Home Number

Mobile Phone

City

State

Zip Code

Pick-up authorization, and Parent Consent

Student's Name

Date of Birth

Address

Person(s) other than yourself authorized to transport your child to/from school, *including those in your carpool*:

Name

Relationship to Student

Phone Number

Name

Relationship to Student

Phone Number

Name

Relationship to Student

Phone Number

Name

Relationship to Student

Phone Number

Name

Relationship to Student

Phone Number

Name

Relationship to Student

Phone Number

PARENTAL CONSENT

I give my consent to Welcome Amigos Spanish Immersion Educational Center to release my child into the custody of the individual(s) named above.

Parent' Signature

Date

Release Form

Pictures

Throughout the year, the children participate in several different special events at Welcome Amigos. We like to capture these special moments by taking pictures and/or videotaping. We would like to use these pictures/videos on the web site, and in some of our publications. Only Welcome Amigos will use these pictures.

Please sign below if you give permission.

Student's name

Parent/Legal Guardian signature

Date

Email

At Welcome Amigos the best way to communicate with families is via e-mail. We send out pictures, weekly summaries, website updates announcements, invitation, among others.

Please list all members of your family of whom you want us to include in our mailing list

Name

E-mail

Relationship to Child

Name

E-mail

Relationship to Child

Name

E-mail

Relationship to Child

Name

E-mail

Relationship to Child

Directory

Welcome Amigos would like to compile a school directory. This directory would include the children in each classroom, parent's names, e-mails, and phone number. Please fill out the information below if you want your child's information to be included in the directory. We will only include the information that is given

Student's Name

Parent/ Legal Guardian Name

E-mail

Phone Number

Please list other information that you want us to include:

Your Hopes and Dreams for your child at Welcome Amigos

Please take a few quiet moments to think about and respond to the questions listed below. Your answers will help us make your child feel at home at Welcome Amigos.

What are your hopes in your child's academic learning for the school year?

What are your hopes for your child's social development for the school year?

Types of school activities (sports, tutoring) that your child will be involve within the school year.

What else should we know about your child?

How did you hear about Welcome Amigos?
