



WESTSIDE STUDENT REGISTRATION 2024-2025

TODAY'S DATE: _____

CHILD'S FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: _____

PLEASE CHECK THE DAYS AND TIMES YOUR CHILD WILL BE ATTENDING

M T W TH F 9-1 9-3 9-5:30

Reminder: Early care 7:30-9 am After care 1:00-5:30 pm

PARENTS/GUARDIANS:

UPDATED INFORMATION:

Parent 1-FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONES-HOME: _____ CELL: _____ WORK: _____

EMAIL: _____ Send newsletter here

Parent 2-FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONES-HOME: _____ CELL: _____ WORK: _____

EMAIL: _____ Send newsletter here

Amiguitos will share ONLY your email to other Amiguitos families unless you decline in writing.

INDIVIDUAL'S NAME - **OTHER THAN PARENTS** - AUTHORIZED TO PICK UP MY CHILD

Signatures and Driver license numbers to be gathered by Amiguitos staff upon child pick up.

NAME: _____ SIGNATURE: _____ DL#: _____

NAME: _____ SIGNATURE: _____ DL#: _____

NAME: _____ SIGNATURE: _____ DL#: _____

PLEASE BE SURE TO UPDATE YOUR CHILD'S MEDICAL INFORMATION IF ANYTHING HAS CHANGED

Amiguitos Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies and other school-administered programs.

TO BE COMPLETED BY STAFF

ASSIGNED TO GROUP: _____

NON REFUNDABLE Registration/material fee (\$231/\$273) CHECK# _____ DATE RECEIVED: _____

FEE PAYMENT AGREEMENT COMPLETED GETTING TO KNOW OUR STUDENTS COMPLETED

IMMUNIZATION RECORD RECEIVED FIRST DAY OF ATTENDANCE _____ LAST DAY OF ATTENDANCE _____

LAST DAY OF ATTENDANCE REASON* _____ *CP-Completed program M-Moved FD-Financial difficulty O-Other

