



Children's Academy Antigua

St. John's, Antigua W.I.

Phone: (268) 460-8080

E-Mail: childrensacademyantigua@gmail.com

Web: www.childrensacademyantigua.com

Facebook: Children's Academy Antigua

"Bilingual, Academic, Social, and Emotional Learning Approach"

Registration Form

Start Date: _____

Applying for: Tiny Toddlers 18 Months Little Learners 2/3 YO Brainy Bunch 4/5 YO

Interested in: Half Day until 1:00pm (\$2,000 per Term) Full Day until 5:00pm (\$2,500 per Term)

1) To begin student registration, please bring:

- Complete Registration Form
- Emergency Contact Form
- Birth certificate/Passport copy (proof of status)
- Vaccine record - copy

2) After acceptance, please complete the following:

- Handbook Agreement Signed
- Tuition fee
- Supply list materials
- Uniform size 2/3 (\$40) Quantity_____
- Uniform size 4/5 (\$50) Quantity_____

Student Information

First Name: _____		Last name: _____	
Date of Birth: _____ Day _____ Month _____ Year _____		Place of Birth: _____	
Female _____ Male _____		Age: _____ Preferred nickname: _____	
Siblings: Yes _____ No _____ How many: _____ Ages of siblings _____			
Child lives with: Mother and Father _____ Mother _____ Father _____ Grandparents _____ Other: _____			
Home address: _____			
Emergency contact and authorized persons to pick up the student (other than parents)			
First and last name	Relationship to child	Phone number	
1-			
2-			

Additional notes:

Student Medical and Personal information

Child's allergies: Yes No

Explain:

Child's medical condition and/or medications: Yes No

Name medications and explain medical condition:

Child's medical insurance: Yes No

Insurance information:

Any activities your child should not participate in: Yes No

Explain:

Have your child been in Pre-school before: Yes No

Reason for changing school:

Tell us a few things about your son/daughter to help us make his/her transition to our pre-school a positive one. Tell us about your child sleeping habits, behavior, language(s) spoken at home, food preferences, what she/he likes to do (for example; look at books, listen to music, dance, play outdoors/indoors, build stuff, arts, numbers, Technology/TV, imaginative play, dress-up)

Parent information/ Mother

Mother's first name:

Last name:

Home address:

Cell Phone:

Work phone:

Occupation:

Nationality:

Place of work:

Single Married Widow Separate Divorced

Any extra information the school should know about you and your child:

Email:

Emergency contact numbers in order of importance

1-phone number:	2- phone number:	3- phone number:

Parent information/ Father

Father's first name:	Last name:
Home address:	
Cell Phone:	Work phone:
Occupation:	Nationality:
Place of work:	Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separate <input type="checkbox"/> Divorced <input type="checkbox"/>
Any extra information the school should know about you and your child:	
Email:	

Emergency contact numbers in order of importance

1-phone number:	2- phone number:	3- phone number:

After reading and completing the registration and admission process, I agree:

- ✓ To inform and update the school if any of the above information changes during the school year.
- ✓ To accept and follow the handbook procedures and policies of the school.
- ✓ To pay all school fees on timely manner otherwise a late fee of 5% will be charge.
- ✓ To give 1 term period notice in advance if decide to withdraw your child from school.

Signature of the parent: _____

Relationship to the child: _____

Date: _____