

# Aragón Spanish Academy Student Registration Form

## 1. Child Information

Child's Full Name  /	Name We Should Use (If different)	Date of Birth (m/d/yr)	Age	Male or Female
Mother's Name OR PRIMARY GUARDIAN		Father's Name OR GUARDIAN		
Mother OR PRIMARY GUARDIAN's Workplace		Father OR GUARDIAN's Workplace		
Home Address		Home Address		
City	State	Zip Code	City	State Zip Code
Home Phone	Work Phone	Mobile/Pager	Home Phone	Work Phone Mobile/Pager
E-mail Address		E-mail Address		
Marital Status: (circle one) Married Separated Divorced Single		Child lives with: (circle one) Parents Mother Father Grandparents		
		Other: _____		
How did you hear about Aragón Spanish Academy?		If you saw an ad, which publication?		
Check the blank that most appropriately describes your child's knowledge of Spanish: 1.) New to Spanish _____ 2.) Some background _____ 3.) Strong understanding _____ 4.) Fluent _____				

## 2. Release of Child

In addition to the parents listed on this registration form, I authorize Aragón Spanish Academy to release my child to the following individuals only. I understand that my child will not be released to someone whose name is not included on this list.

Name: _____ Phone #: _____	Name: _____ Phone #: _____
Name: _____ Phone #: _____	Name: _____ Phone #: _____

## 3. Emergency Contacts

If a parent cannot be reached in an emergency, please contact the following individuals:

Name: _____ Address: _____ Phone #: _____	Name: _____ Address: _____ Phone #: _____
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## 4. Health Statement

My child has been examined within the past year by a health care professional and is able to participate in this program. I will submit a signed statement to Aragón Spanish Academy from the health care professional within 12 months.

\_\_\_\_\_  
Name and Address of Health Care Professional

## 5. Child's Health History

Please list any special problems or care needs of which our staff should be aware, including but not limited to, allergies, dietary concerns, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed for continuous, long-term use. If NONE, please write NONE / Staple additional pages if necessary.

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Signature - Parent or Legal Guardian \_\_\_\_\_ Today's Date \_\_\_\_\_

(FOR OFFICE USE ONLY)
Database Entry _____ Start Date _____ End Date _____

**6. Immunization, Hearing and Vision Information** (mark appropriate box)

- I will provide a copy of my child's current Immunization and Vision record to Aragón Spanish Academy.
- Immunization and Vision Record at Another School  
My child attends the following preschool, daycare or school and his/her current immunization record is on file at that school. Vision and Hearing screening records are also on file (required if 4 yrs or older).

\_\_\_\_\_  
School's Name and Address

\_\_\_\_\_  
School's Phone Number

**7. Medical Release**

In the event there is a medical emergency, or when a child needs immediate medical treatment, Aragón Spanish Academy will call 911 and the parent(s) or guardian(s) listed on this registration form. In the event I cannot be reached, I authorize Aragón Spanish Academy to take my child to the following physician /hospital or to the closest hospital available where my child may be treated by a physician on call.

Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Address \_\_\_\_\_ Telephone: \_\_\_\_\_

**8. Christian-based Program**

I understand that Aragón Spanish Academy is a Christ-centered school not affiliated with a particular denomination and open to children from all backgrounds. I am aware that the academy celebrates Christian holidays, that teachers lead children in prayer and sometimes teach biblical stories and verses in Spanish.

**9. Student Handbook Acknowledgment Statement**

I acknowledge that I have received a copy of the Student Handbook and agree to the Policies and Procedures described in it. I will contact the school staff to make sure I have the most recent copy of the Student Handbook.

**10. Waiver & Release**

I hereby agree to unconditionally release Aragón Spanish Academy and its owners, directors, officers, representatives, agents, employees, volunteers and landlords from any and all rights, claims, causes of action and liabilities of any sort that I or my child may have now or in the future, including but not limited to, any claims for personal injuries, medical expenses, property damage, or losses sustained by me or my child arising out of, connected with, or in any way associated with the activities of Aragón Spanish Academy.

I have read, understand and agree to sections 1 through 10 of this Registration Form. Incomplete and/or unsigned registration forms cannot be accepted since Aragón Spanish Academy must have this information on file as per state licensing requirements.

**Signature - Parent or Legal Guardian** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

Aragón Spanish Academy ▪ 18952 Redland Rd., Suite 1 ▪ San Antonio, TX 78259 ▪ Tel: 210-496-0990