

ZFFC student registration form

semester ___ kinder ___ allergy/meds _____

505-260-6106 ziafamilyfocuscenter.org ziafamilyfocuscenter@gmail.com

STUDENT REGISTRATION

(FILL OUT ALL SIDES)

Please fill out one registration form per student per semester.

WHERE LEARNING MEETS FUN!



FAMILY FOCUS CENTER

Student Name _____ Age _____ DOB ____/____/____ M ____ F ____
Last First

Primary Contact Name _____ Phone number _____

Home Address _____ City _____ Zip Code _____

Elementary School/Teacher _____ Grade ____ Your Email Address _____

Do you have any concerns about your child's health and development/disability? ___Yes ___No. If yes, answer the following:

Concerns _____ Disability _____

FAMILY INFORMATION

If I am not able to pick up my child personally, I give my consent for my child to be released to the persons listed in Emergency Contacts and Child Release (who are at least 18 years old and can produce a valid ID)

Emergency Phone Contacts:

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Child Release (*Persons who are authorized to pick up my child*) Only those listed here who are 18 years or older with a valid state ID will be allowed to pick up your child.

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

List person(s) who are NOT authorized to pick up my child(ren)

Name _____ Relationship to Child _____ Phone _____

PLEASE SPECIFY WHERE YOUR CHILD GOES AFTER THEIR ZFFC CLASS:

PLEASE TELL ZFFC STAFF IF YOUR CHILD IS GETTING PICKED UP BY ANOTHER PROGRAM.

AFTER ZFFC MY CHILD GOES TO: (PLEASE CIRCLE):

PICKED UP BY PARENT

RIO GRANDE

PEPPERMINT

OTHER/SPECIFY

PLEASE TELL YOUR CHILD'S TEACHER AND THE ZIA OFFICE THAT YOUR CHILD IS ATTENDING ZFFC AND ON WHAT DAYS. KINDERS (ONLY) WILL BE WALKED TO ZFFC BY THEIR CLASSROOM TEACHERS. GRADES 1-5 WILL ENTER ZFFC AT THE WEST DOORS OF THE BUILDING AFTER CLASS DISMISSAL. ZFFC TEACHERS WILL MEET STUDENTS THERE.

ZIA FAMILY FOCUS CENTER POLICY AND PROCEDURES: READ AND SIGN AT BOTTOM

ENROLLMENT: To enroll your child, you must complete one registration form per student/per semester. Each class has a minimum of 5 students. If the minimum is not met, ZFFC reserves the right to cancel the class. ZFFC does not issue refunds unless a class or event is canceled. A student can change classes only once during a semester and preferably only in the first month of classes, if there is availability. *Staff and teacher permission is required for a child to switch classes.*

PAYMENTS: **TUITION PAYMENT MUST BE MADE UPON REGISTRATION** or a payment schedule must be agreed upon with staff, with a portion of payment being made at time of registration. Payments are due on the 5th of the month (after the 5th, a \$5 late fee will be charged). Past due accounts will prevent a child from attending classes and accounts must be up to date in order to register for a new semester. **Day Camps require pre-payment and pre-registration at least 3 days before the event.** There are no refunds for Day Camps. **FOR TUITION AND OTHER FEES, SEE THE ZFFC MENU OF SERVICE on the website.**

ATTENDANCE: ZFFC will notify you if your child is absent via a phone call to the primary contact on the current registration form. If the primary contact cannot be reached, a voice message will be left if possible.

SIGN OUT: **Parents will now pick up children outside the courtyard doors on the south side of the ZFFC building.** Staff and/or teachers will escort children out to waiting parents. Please make sure we know who is allowed to pick up your child. If picking up early, please call and notify staff so we can bring your child to you. Please know when classes end and be ready to pick up **on time**. It will be difficult for staff if you are late, so please try to avoid this. If you will be late notify us by phone.

ISSUES/CONFLICTS: If you have any issues with staff, another parent or child, you can fill out a report in the office. The report must be filled out and returned to ZFFC to be processed; the report will be addressed within five business days.

PHONES/ELECTRONIC DEVICES/TOYS: Cell phones, electronic devices, and toys are not allowed during class time at ZFFC. **ZFFC is not responsible for the loss of any such items or other valuables, toys, etc..**

SNACKS: An APS-approved snack is provided by the Zia cafeteria daily to all ZFFC participants. One snack will be served per child either in the classroom or outside. Provide a water bottle for your child. You are welcome to provide additional snacks for your child but **please NO NUTS or food with nut products! Due to severe allergies, there is absolutely no food sharing.**

MEDICATION POLICY: ZFFC staff is not authorized to, nor will they administer and/or store medications. If a medical issue arises, we will notify the primary contact, and if necessary, contact the medical practitioner/facility specified on the child's registration form. If a child becomes ill during the program, a parent will be notified. **If you child has allergies please make sure you alert us on the registration form.**

SAFETY AND PARTICPANT BEHAVIOR: Participating children are supervised at all times by ZFFC staff. Children enrolled at ZFFC who are in kindergarten at Zia are escorted daily to ZFFC by their teacher. Please be sure your child's teacher knows that your child is participating in ZFFC classes and on what days. **ZFFC follows the APS and Zia ES behavioral guidelines.**

EMERGENCY NOTIFICATION: ZFFC follows APS policy and procedures in the event of a lock down, fire, shelter in place, or off-campus evacuation during program hours. **ZFFC follows APS, NMPED and the NMDOH COVID guidelines and directives.**

PHOTOS/VIDEO: Children attending ZFFC may be photographed, with the photographs to be used for promotional purposes such as in emails, flyers, brochures, in house wall boards, or on ZFFC's website. **If you do not want photographs of your child to be used for ZFFC promotional purposes, please sign here:** _____

DRESS: Due to art and outside exploration, your child may get dirty. Plan/dress accordingly based on your child's class(es).

I agree to and understand ZFFC's policies and procedures.

Parent/Guardian print name _____ Parent/Guardian signature _____

ZFFC IS A 501(c)(3) NON-PROFIT ORGANIZATION: TO HELP US APPLY FOR GRANTS PLEASE COMPLETE:

Student Ethnicity: African American Asian Hispanic Latino Caucasian Native American Multi-racial Other

Home Language: English is primary language spoken at home. Yes No If not, what language? _____

Yearly Household Income: \$0 - \$11,770 \$11,770 - \$14,999 \$15,000 - \$19,999 \$20,000 - \$24,999 \$25,000 - \$29,999 \$30,000 - \$34,999 \$35,000 - \$39,999 \$40,000 +

Marital Status:
 single-never married single-widowed divorced married/partners re-married/partners

Household size: Number of people in household: _____

Employment Parent 1: Works outside of home PT Works outside of home FT Works at home Does not work

Employment Parent 2: Works outside of home PT Works outside of home FT Works at home Does not work

Education of Parent 1: Some high school Completed high school Some college Completed college Graduate school and above

Education of Parent 2: Some high school Completed high school Some college Completed college Graduate school and above

Does student qualify for a free lunch with APS: Yes No

Does student qualify for a reduced lunch Yes No

NON-DISCRIMINATION: ZFFC complies with applicable federal, state, and local civil rights laws and does not discriminate on the basis of race, color, national origin, religion, ancestry, sexual orientation, gender identity, spousal affiliation or sex.

ZFFC REGISTRATION POLICIES:

- **ZERO TOLERANCE:** ZFFC has a zero tolerance policy with regards to bullying, teasing or physical fighting. Acts of this nature are grounds for immediate suspension from the ZFFC program without a refund.
- **CODE OF CONDUCT/RIGHT OF REFUSAL OF SERVICES:** ZFFC reserves the right to refuse services to anyone at its sole and absolute discretion.
- **NO REFUNDS** will be issued after class has started (unless the class is canceled by ZFFC). If your child misses a class, there is no refund or make-up session. **Credit will be given if there are not enough students registered for a class (5) or ZFFC has to close or temporarily cancel a class due to Covid-19. We are following APS Covid-19 policies and procedures in accordance with APS the CDC, NMPED and the NM Dept of Health.**
- **LATE PICK-UP:** There is a \$5 fee if child is picked up 10 minutes late/\$10 for every 5 minutes thereafter.
- **APS CLOSURES:** ZFFC will be closed for holidays, in-service days, and other days in conjunction with APS and the ZIA Elementary School calendar unless otherwise noted.
- **Unscheduled early dismissal from program and/or school closures/early school day dismissals:** Notifications will be posted on the home page of the ZFFC website and/or parents will be called.

GENERAL INFORMATION/FEES \$160.00 per class/per semester. \$25 registration fee per child/per semester, \$45 for a family. NO REFUNDS. Credit will be issued only if a class is canceled by ZFFC. *Some classes have a material fee. 10% off tuition for siblings, BOD members, and students registered for 10 or more classes. Discounts are not compoundable.

CHOOSING YOUR CHILD'S CLASSES

Monday	Tuesday	Wednesday	Thursday	Friday
2:30-3:30pm = \$160.00	2:30-3:30pm = \$160.00	2:30-3:30pm = \$160.00	2:30-3:30pm = \$160.00	2:30-3:30pm = \$160.00
3:30-4:30pm = \$160.00	3:30-4:30pm = \$160.00	3:30-4:30pm = \$160.00	3:30-4:30pm = \$160.00	3:30-4:30pm = \$160.00
*4:30-5pm = \$80.00 <i>Class ends at 5pm</i>	4:30-5:30pm = \$160.00	4:30-5:30pm = \$160.00	4:30-5:30pm = \$160.00	4:30-5:30pm = \$160.00

PAYMENT SCHEDULE

Paying in Full	Monthly Installments	Month to Month
Full tuition to be paid by the end of the first month of classes.	Total tuition divided into 5 payments each, due by the 5 th of the month.	\$35 per month/per class. Payments due by the 5 th of the month, registration and other fees will be added to the first payment.

*\$15 material fee for: Off the Wall, Outdoor Experience, Let's Build: Planes, etc., Costume Design, Woodworking 101, Advanced Woodworking, The Art of Food, Printmaking 101, Globe Trekkers, Exploratory Art, KidsNClay, Plants as Teachers, Moldable Materials, Kitchen Herbs for Kids. **NOTE:** *Payment must be made by the agreed upon due date(s) or late fees will be incurred.*

I agree to abide by the payment plan listed above. *Please initial here:* _____

ACKNOWLEDGMENT OF RISK/MEDICAL POLICY

In the event that emergency medical treatment is required, I hereby give my consent to Zia Family Focus Center staff to provide or acquire such emergency treatment as necessary, including transport to a medical facility. I agree to assume financial responsibility for any cost incurred. I hereby forever release, discharge and hold harmless the Zia Family Focus Center, its employees and volunteers, and any organizations associated with the Center from any and all claims, demands, lawsuits, expenses, or charges of whatever kind which may occur or result from any injuries whatsoever, from our participation or our child's participation in the Zia Family Focus Center activities.

Medical Facility _____ Phone _____ Doctor _____ Phone _____

Allergies/Medical Conditions _____ Medication Child Takes _____

I have read, understand and agree to the ZFFC risk/medical policy terms. I have read, understand and agree to the registration procedures and all other policies at the Zia Family Focus Center and I certify that the information I have provided on this form is accurate and truthful to the best of my knowledge.

Parent/Guardian Signature _____ Date _____