



**SACCMD Registration Form 20 /20 School Year**

New

Renew

**Student Information**

1<sup>st</sup> Student 1Name \_\_\_\_\_ Gender ( M/ F) DOB: \_\_\_\_\_ mm/dd/yyyy Grade \_\_\_\_\_ Public school

2<sup>nd</sup> Student 1Name \_\_\_\_\_ Gender ( M/ F) DOB: \_\_\_\_\_ mm/dd/yyyy Grade \_\_\_\_\_ Public school

3rd Student 1Name \_\_\_\_\_ Gender ( M/ F) DOB: \_\_\_\_\_ mm/dd/yyyy Grade \_\_\_\_\_ Public school

4th Student 1Name \_\_\_\_\_ Gender ( M/ F) DOB: \_\_\_\_\_ mm/dd/yyyy Grade \_\_\_\_\_ Public school

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ Business Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

*Please underline the preferred contact number*

**Tuition**

Tuition: \$ \_\_\_\_\_

**Registration Fee:**

- \$10 Registration fee for new students
- \$5 Registration fee for enrolled students
- \$ 50 Contribution of students Snack “once/year” /parent

❖ **Registration Fee and Snack contribution are due at the time of registration**

The total number of registered children is

- One Registered child                      Two Registered child                      Three or more registered child

**Note:**

- ❖ **Parent of exempted child must pay the registration fee**
- ❖ **Payment for the term is due by the first day of school**
- ❖ **Textbook/Material Fees are additional**

**Emergency Contact**

In case of emergency, please list two responsible adults who could be notified by the school.

1. \_\_\_\_\_ relationship: \_\_\_\_\_ city: \_\_\_\_\_ phone: \_\_\_\_\_

2. \_\_\_\_\_ relationship: \_\_\_\_\_ city: \_\_\_\_\_ phone: \_\_\_\_\_

**Waiver**

*I am the undersigned parent or legal guardian of the above child do give my permission and approval for his/her participation in SACCMD program(s) and therefore, assume all risks and hazards incidental to such participation. On behalf of my child and family, I freely and voluntarily agree to release, indemnify and hold harmless, SACCMD School, its directors, officers, administrators, teachers, and volunteers from any liabilities arising from any incident to my child's involvement and participation in the school's program(s).*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

SACCMD does not discriminate based on race, national origin, color, gender, creed, or religion.  
All children and residents are welcome to apply