

**James Madison Charter Academy**  
**Educational Activity Center**  
**660 Syracuse Street**  
**Colorado Springs, CO 80911**  
**(719) 391-3977**  
**FAX (719) 391-1744**

**Registration Form**  
**Tuition and Schedule Information**

Date of Enrollment: \_\_\_\_\_

Days that my child will attend:

\_\_\_\_\_

Please **circle** all schedules that will apply to your child's regular attendance:

Full Days      Before school only      After school only      Wednesdays only

Before and after school      Holidays/school breaks/in-service days

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Date \_\_\_\_\_

Child is: Natural \_\_\_\_\_ Adopted \_\_\_\_\_ Foster Child \_\_\_\_\_

Child's Home Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Child's Home Phone \_\_\_\_\_

Primary Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZED ADULTS**

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Another authorized person \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

I have read and agree to the Educational Activity Center's policies and procedures as stated in the Parent Handbook. I agree to pay my financial obligation to JMCA Educational Activity Center on or before the days required for child care. I understand that I will be asked to withdraw my child if my account becomes 3 days in arrears.

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_