

Spanish for fun! Registration Form 2020-2021

Date Application Completed or Updated _____ Date of Enrollment _____

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur or yearly.

CHILD INFORMATION

Date of Birth: _____

Full Name: _____

Last

First

Middle

Nickname

Child's Physical Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Email _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Email _____

Address (if different from child's) _____ Zip code _____

Work Phone _____ Cell Phone _____

ADMISSION REQUEST

Applying for Class _____

Schedule: _____ Full Day (7:00 a.m. - 6:00 p. m.) _____ Half Day AM (8:30 a.m. - 12:30 p.m.)

_____ Half Day PM (2:30 p.m.- 6:00 p.m.)

Check Day of Attendance: _____ Monday to Friday _____ Monday, Wednesday and Friday

_____ Tuesday and Thursday (Available only for Classes 3-year old's and under) *

How did you hear about us? _____

CONTACTS/RELEASE INFORMATION: Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. Under no circumstances will **Spanish for fun!** Release this child to anyone not identified below without written instructions from the parent. **Spanish for fun!** Will not allow a child to enter or leave without an adult escort (18 years or older). Additions or changes to this list must be made in writing.

For safety reasons a valid photo ID will be required to be presented at the front desk before the child is released to the person mentioned herein.

Name	Relationship	Address	Phone Number
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_____	_____	_____	_____
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_____	_____	_____	_____
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In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

OUTDOORS PERMISSION

- 1. On occasion your child’s teacher will take your child on a nature walk to look, find and explore. Periodically, we block off our parking lot for a bike rodeo and parades. Their teachers, outside of the fenced play area, will guide your child. Yes ___ No ___ I give / do not give permission for my child to participate.
- 2. On occasion we will ride your child out of the facility by Buggy as part of the educational program N/A ___ Yes ___ No ___ I give / do not give permission for my child to participate.

HEALTH CARE NEEDS: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child’s parent or health care professional. Is there a medical action plan attached? Yes ___ No ___

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

Disclaimer:

I, the undersigned, do hereby commit that all of the information provided by me on this application is true to the best of my knowledge, and that I have not intentionally withheld or misrepresented any pertinent data. I understand that Spanish for fun! Preschool reserves the right to accept or decline my application. I also release Spanish for fun! Preschool from all liability associated with personal injury or property damage, which may occur on or about these premises. I further agree to fulfill my financial obligations to Spanish for fun! in a timely manner. My signature confirms my commitment to have my child participate in the School year program and I agree that full payment will be made by the 8th of every month. I also agree to abide by Spanish for fun! Policies and procedures which I have received in the form of the Parent Handbook

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ **Date** _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child’s parent, guardian, or full-time custodian.

Signature of Administrator _____ **Date** _____