

Reg date	
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# SPANISH FOR FUN! Registration Form 2022-2023

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.)

Check Day of Attendance: \_\_\_\_\_ Monday to Friday \_\_\_\_\_ Monday, Wednesday, and Friday

\_\_\_\_\_ Tuesday and Thursday

How did you hear about us? \_\_\_\_\_

## 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.

**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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Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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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
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Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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**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 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! 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 8<sup>th</sup> 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, 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** \_\_\_\_\_