

2017 Summer Enrollment Agreement

Please indicate the program in which you are enrolling your child and circle the day of the week.

Please check off the requested schedule for your child below. Choose any week from 2 to 5 days per week. There is a 2 day/week minimum.

Jr Explorers, Explorers, and Adventurers						
<input type="checkbox"/> Mornings: 9 am to 1 pm	Monday	Tuesday	Wednesday	Thursday	Friday	
<input type="checkbox"/> Full Day: 9 am to 3 pm	Monday	Tuesday	Wednesday	Thursday	Friday	
<input type="checkbox"/> JUNE Weeks	12-16	19-23	26-30			
<input type="checkbox"/> JULY Weeks	3-7	10-14	17-21	24-28		
<input type="checkbox"/> AUGUST Weeks	31-4	7-11	14-18			

*Closed August 20-25, August 27-September 4, Closed July 4

Additional Programs						
<input type="checkbox"/> AM extended day	7:00 – 9:00	Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> PM extended day	3:00 – 6:00	Monday	Tuesday	Wednesday	Thursday	Friday

Program information

Jr. Explorers

Age 3 months to 2.8 years

Explorers

Ages 2.9yrs – 4 yrs

Adventurers

Age 5 to 9 years

Required Forms

*All forms must be received 1 week before student begins the Summer Program

Updated Physical Exam with lead test and immunizations

SELA Dismissal Permission Form

Sunblock Consent Form

Emergency Medical Care Consent Form

Childs Name

DOB

Date

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Summer Program Weekly Tuition

Junior Explorer Program Ages 3 mos – 2.9 years

HALF DAY/ 9am-1pm

5 Days: \$350 /4 Days: \$300 /3 Days: \$235 /2 Days: \$170

FULL DAY/ 9am-3pm:

5 Days: \$525 /4 Days: \$445 /3 Days: \$355 /2 Days: \$250

Extended Hours for Junior Explorer Program

7am-9am

5 Days: \$135 /4 Days: \$110 /3 Days: \$80 /2 Days: \$55

3pm-6pm

5 Days: \$250 /4 Days: \$200 /3 Days: \$150 /2 Days: \$100

Explorer & Adventurer Programs Ages 2.9 years – 9 years

HALF DAY/ 9am-1pm

5 Days: \$305 /4 Days: \$260 /3 Days: \$210 /2 Days: \$150

FULL DAY/ 9am-3pm:

5 Days: \$460 /4 Days: \$390 /3 Days: \$315 /2 Days: \$220

Extended Hours for Explorer & Adventurer Programs

7am-9am

5 Days: \$125 /4 Days: \$100 /3 Days: \$75 /2 Days: \$50

3pm-6pm

5 Days: \$230 /4 Days: \$185 /3 Days: \$140 /2 Days: \$95

CANCELLATION POLICY

This enrollment agreement may be voluntarily terminated by a parent or guardian with written notice via mail or email directly to Su Escuela Language Academy at least fifteen (15) days before the first class. The deposit and/or any tuition payments are not refunded upon voluntary termination of enrollment. If a child is removed from the Summer Program for any reason, any tuition that has been paid up to that point is non-refundable. Su Escuela Language Academy reserves the right to terminate this agreement if we determine that Su Escuela is not the right program for the student. If this is the case, written notice will be given to the Parent/Guardian and a portion of the tuition may be refunded as decided by Su Escuela Language Academy.

Su Escuela Language Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities made available to all students. Su Escuela Language Academy does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies and programs. Certain accommodations will be implemented if acceptable documentation is provided. Please contact the Director for more information.

Su Escuela Language Academy reserves the right to modify the terms of this agreement upon thirty (30) days written notice to the Parent/Guardian listed below.

I, _____ wish to enroll my child in the Su Escuela Summer Program I have indicated above. I agree with the terms and conditions of this Enrollment Agreement for Su Escuela Language Academy.

Childs Full Name

DOB

DATE

Parent/Guardian Name

Signature

Please mail this form to 75 William B. Terry Dr. Hingham, MA 02043

◇ Check enclosed # _____ ◇ Bill my Credit Card (circle one): VISA/MC

Credit Card # _____ Exp. _____

CC payments only accepted for \$500 or more

Signature _____ Amount \$ _____

OFFICE NOTES: _____ Date Received _____ Recorded _____ Staff Initials _____

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell _____

Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell _____

Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

Dismissal Permission

Please list any family or friends who have your approval to pick up your child from school. For the safety of our students we require written consent for anyone else that is picking up your child from school. Please fill out this form and return for our records.

I give the following people permission to pick up my child from school when necessary.

	NAME	RELATIONSHIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Sun Block Consent

Dear Parents,

In order to help keep your child safe and healthy at Su Escuela, please sign the designated area if you would like sun block applied during school hours. We do provide shaded areas to play, however if you would like your child's sunblock reapplied, **please provide Su Escuela with:**

- 1. Sun Block Consent form
- 2. Labeled bottle of sun block with your child's name on it, to be kept in classroom
- 3. Sun block in a sealable plastic bag

___ Yes, I give permission to apply **sun block I have provided**, during school hours.

___ No, I do NOT give permission to apply sun block during school hours.

Does your child have any adverse reactions to sunscreens? Yes No

Student Name _____

Parent/ Guardian signature _____ Date _____

Tooth Brushing & Oral Health **Quick Facts About Children's Oral Health**

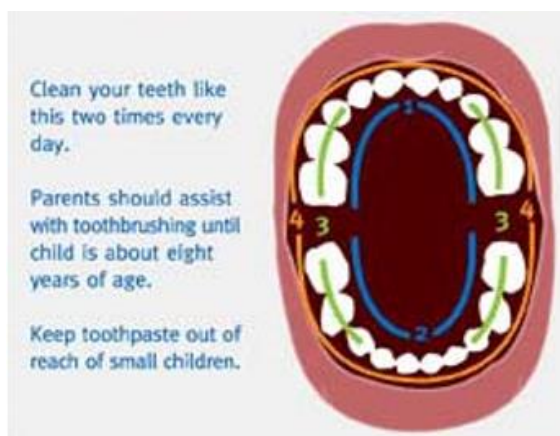
Baby teeth are very important. Baby teeth help your child eat and speak correctly. They also hold the spacing needed for adult teeth to eventually erupt. If a child has tooth decay (cavities) in childhood, he or she is more likely to have tooth decay as they get older.

Unfortunately, tooth decay is the most common chronic disease of children, but it doesn't have to be. Tooth decay is completely preventable by following a few simple oral hygiene activities:

- During infancy, wipe the child's mouth with a warm cloth after feeding.
- Don't give children anything other than water to drink at bedtime.
- Brush teeth with a fluoride toothpaste at least 2 times per day and floss daily.
- Get an exam by a dental professional at least once a year.
- Keep eating sugary snacks and drinks to a minimum.
- Drink fluoridated water.

Tips on helping your child brush his or her teeth

- Keep the fluoride toothpaste out of children's reach, and you put it on the brush for them:
 - For children under 2 years old, put only a "smear" of toothpaste on their toothbrush.
 - For children over 2 years old, use a "pea-sized" amount of toothpaste on the toothbrush.
- Help children to brush in little circles, making sure they get all teeth surfaces, including the outside, inside, and the tops of molars (back teeth).
- Make sure children spit out all of the toothpaste in their mouths. Children under age 2 years should NOT rinse after spitting. Children over 2 years old should rinse with a small amount of tap water after spitting.
- Make sure children brush their teeth right before bedtime, and they do not eat or drink anything sugary at bedtime.



Tooth Brushing at Su Escuela

As we prepare for the start of the Summer Program, we want you to inform all parents that you are responsible for providing a tooth brush and toothpaste for your child. Please send these in on your child's first day of the Summer Program labeled with their name, with the toothbrush in a case. We are committed to the needs of your children and hope this makes dental care at school easier for you and your children. All children in the Summer Program will brush their teeth while at Su Escuela, unless a parent does not provide permission.

Quick facts about tooth brushing at Su Escuela

- All children attending the Su Escuela Summer Program will brush their teeth while in our care.
- Parents will need to send in a toothbrush as well as toothpaste for their child. Both should be labeled with their name, and the toothbrush should be in a case.
- Toothpaste should have fluoride and be approved by the American Dental Association
- Children will be brushing with the direct supervision of our teachers
- Our tooth brushing program is implemented safely by following the regulations for infection control set by the U.S. Centers for Disease Control and Prevention (CDC)

Please check the appropriate box below:

I give Su Escuela permission to allow my child _____ to brush his/her teeth while at the Summer Program.

I do not give Su Escuela permission to allow my child _____ to brush his/her teeth while at the Summer Program.

Parent/Guardian Signature

Date