



# 2019 SELA Summer Program Registration

## Program Registration

Please complete individual registration forms for each child. Incomplete registration forms will not be accepted.

Please select the program you are registering for:

Jr. Explorers (Infants & Toddlers): Age 3 months to 2.8 years

Explorers (Preschool): Ages 2.9yrs – 4 yrs

Adventurers (School Age): Age 5 to 7 years

### STUDENT INFORMATION

Last Name	First	DOB	<input type="checkbox"/> Female <input type="checkbox"/> Male
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Street	City	State	Zip Code
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PARENT 1 (Check)  Father  Mother  Step-parent  Guardian

PARENT Last Name	First	Home Phone	Cell Phone
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PERSONAL EMAIL	Occupation
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PARENT 2 (Check)  Father  Mother  Step-parent  Guardian

Last Name	First	Home Phone	Cell Phone
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Personal Email	Occupation
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PARENTAL STATUS:  Married  Divorced  Other

**CUSTODY:** In the best interest and safety of your child, if parents are divorced or have special custody agreements, Su Escuela requires legal documents outlining custody agreements in relation to the school's role and responsibility

**PHOTO PERMISSION:** May we have permission to take photos of your child for:

Educational or Marketing Purposes  YES  NO

To send home to you via Tadpoles Program  YES  NO

To post on the Private SELA Facebook Forum  YES  NO

**SPECIAL MEDICAL CONDITIONS OR OTHER PERTINENT INFORMATION:** Please list any allergies, physical limitations, or concerns we should be aware of during their time at the SELA Summer Program? Please note that complete additional medical forms are required 1 week before their first day of the program.

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### Schedule Selection

Each week of the summer program is listed below, circle the Time Option as well as Day Option that you are requesting for each week you are signing up for. Then, based on the cost below, calculate your total cost.

Please note: Schedules cannot be changed once registration is submitted and confirmed by Admissions.

Week	Week Dates	Time Options		AM/PM Extended Schedule Add-Ons		Day Options			Total \$ /Week
						3 Days	2 Days	5 Days	
1	June 10-14	8:45-1:00	8:45-3:00	7:00-8:30	3:00-6:00	M, W, F	TU & TH	M-F	
2	June 17-21	8:45-1:00	8:45-3:00	7:00-8:30	3:00-6:00	M, W, F	TU & TH	M-F	
3	June 24-28	8:45-1:00	8:45-3:00	7:00-8:30	3:00-6:00	M, W, F	TU & TH	M-F	
4	July 1 - 5	8:45-1:00	8:45-3:00	7:00-8:30	3:00-6:00	M, W, F	TU & TH	M-F	
5	July 8-12	8:45-1:00	8:45-3:00	7:00-8:30	3:00-6:00	M, W, F	TU & TH	M-F	
6	July 15-19	8:45-1:00	8:45-3:00	7:00-8:30	3:00-6:00	M, W, F	TU & TH	M-F	
7	July 22-26	8:45-1:00	8:45-3:00	7:00-8:30	3:00-6:00	M, W, F	TU & TH	M-F	
8	July 29 – Aug 2	8:45-1:00	8:45-3:00	7:00-8:30	3:00-6:00	M, W, F	TU & TH	M-F	
9	Aug 5 - 9	8:45-1:00	8:45-3:00	7:00-8:30	3:00-6:00	M, W, F	TU & TH	M-F	
10	Aug 12-16	8:45-1:00	8:45-3:00	7:00-8:30	3:00-6:00	M, W, F	TU & TH	M-F	
<b>Summer Total:</b>		<b>\$</b>							

### Summer Program Weekly Tuition

#### **Junior Explorer Program** Ages 3 mos – 2.9 years

HALF DAY/ 8:45am-1pm:	5 Days: 370	3 Days: \$235	2 Days: \$195
FULL DAY/ 8:45am-3pm:	5 Days: \$525	3 Days: \$355	2 Days: \$285

#### Extended Hours for Junior Explorer Program

7am-8:30am:	5 Days: \$135	3 Days: \$80	2 Days: \$55
3pm-6pm:	5 Days: \$250	3 Days: \$160	2 Days: \$145

#### **Explorer & Adventurer Programs** Ages 2.9 years – 7 years

HALF DAY 8:45am-1pm:	5 Days: \$305	3 Days: \$210	2 Days: \$165
FULL DAY 8:45am-3pm:	5 Days: \$420	3 Days: \$315	2 Days: \$220

#### Extended Hours for Explorer & Adventurer Programs

7am-8:30am:	5 Days: \$125	3 Days: \$75	2 Days: \$50
3pm-6pm:	5 Days: \$230	3 Days: \$140	2 Days: \$115

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### Enrollment Contract

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

### SCHEDULE CHANGES AND MAKE UP DAYS

No schedule changes are permitted after the Registration form is submitted and confirmed by Admissions. There are no make-up days offered for students who miss a day.

### REQUIRED FORMS

\*All forms must be received no later than 1 week before student begins the Summer Program. If they are not completed, this may delay the students start date.

- Completed Registration Form
- Updated Physical Exam with lead test and immunizations
- SELA Dismissal Permission Form
- Sunblock Consent Form
- Emergency Medical Care Consent Form
- Any additional medical/allergy documents or forms if applicable

### LATE FEES

Su Escuela depends on prompt payment of Summer Program tuition to provide the appropriate services and necessary resources to all our enrollees. A late fee of \$35.00 will be assessed and charged to your account by Su Escuela for any tuition payment not paid by the date due. I understand that if any tuition payment due remains unpaid for greater than thirty (30) days, my child may not be permitted to participate in extracurricular activities, summer program attendance, and/or school attendance until all amounts then due, including late fees, are paid in full. If you have difficulty paying tuition, please contact the Su Escuela Accounting Department immediately.

### BANK FEES

A \$35.00 fee will be charged to your account by Su Escuela for a payment returned due to insufficient funds.

### PAYMENT OPTIONS

Payment in full is required at the time of registration for the Summer Program.

### INCORPORATED TERMS

This Enrollment Contract reaffirms and incorporates by reference the terms, conditions, policies and/or provisions contained in the Parent/Guardian Handbook and applicable program guide as if fully restated here. The terms and conditions stated in the Enrollment Contract shall control in the event of any conflict between the terms and conditions of the Handbook, Enrollment Contract and applicable program guide.

### TERMINATION POLICY

Su Escuela makes its hiring decisions, resource purchases and budget based on the number of enrolled students. The addition or subtraction of even one student can require or eliminate the need for an additional classroom, teacher and resources. Therefore, Su Escuela must impose a strict termination and refund policy to ensure the needs of all students are appropriately met. After an application for enrollment is accepted, Su Escuela is unable to change a child's schedule. Space permitting, we may be able to accommodate additional attendance days to a schedule. This Enrollment Contract and a child's enrollment may be voluntarily terminated by a parent or guardian with written notice delivered by United States Postal Service Certified Mail, Return Receipt Requested, to Su Escuela Language Academy INC, ATTN: DIRECTOR, 75 Sgt. William B. Terry Dr., Hingham, MA 02043. Su Escuela also reserves the right to terminate this Enrollment Contract and a child's enrollment if it is determined, in Su Escuela's sole and exclusive discretion, that a child or parent/guardian has violated the Parent/Guardian Handbook. In the event of termination by Su Escuela, written notice will be delivered to the address on file for the parent/guardian.



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In the event of a termination by a parent/guardian no tuition is refundable. Parent/guardian agrees to pay any costs (including reasonable attorney’s fees and expenses) incurred by Su Escuela in collection of unpaid and delinquent tuition.

**ACKNOWLEDGMENT OF RECEIPT OF PARENT / GUARDIAN HANDBOOK:**

I, the undersigned Parent/Guardian acknowledge that I received a copy of Su Escuela Parent/Guardian Handbook for the 2019-2020 School Year (“Handbook”) and that I read it, understood it and agree to comply, and ensure my child complies, with it.

I understand that the School has the maximum discretion permitted by law to interpret, administer, change, modify or delete the Handbook at any time with reasonable notice. No statement or representation by any School staff member, whether oral or written, can supplement or modify the Handbook. Changes can only be made if approved in writing by the School’s Director.

I also understand that any delay or failure by the School to enforce any policy or rule will not constitute a waiver of School’s right to do so in that instance or in the future. I understand that the Handbook sets forth standards of conduct for enrollees at the School and that a violation thereof may result in my child’s unenrollment and/or termination of the Enrollment Contract.

I, the undersigned parent/guardian wish to enroll my child in Su Escuela for the 2019 Summer Program. I have read and agree to the terms and conditions of this Enrollment Contract and applicable program guide(s) which identifies the annual tuition fees due for each program and age group.

\_\_\_\_\_  
Child’s Full Name                      DOB                      Program Name

**PARENT / GUARDIAN:**

\_\_\_\_\_  
Signature    Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name:  
\_\_\_\_\_



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## 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)

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### 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** \_\_\_\_\_



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### Tooth Brushing at the SELA Summer Program

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 with the toothbrush and toothpaste I supply 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.

Student Name \_\_\_\_\_

Parent/ Guardian signature \_\_\_\_\_

Date \_\_\_\_\_