



2016– 2017 APRIL BREAK ACTIVITIES REGISTRATION FORM

Please Circle Your Choice of Days

April Vacation Dates: April 17, 18, 19, 20, 21

April Vacation Camp: Ages 3 months – 9 years						
<input type="checkbox"/> Half Day: 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"/> AM Extended 7am-9am	Monday	Tuesday	Wednesday	Thursday	Friday	
<input type="checkbox"/> PM Extended 3pm-4pm	Monday	Tuesday	Wednesday	Thursday	Friday	
<input type="checkbox"/> PM Extended 3pm-5pm	Monday	Tuesday	Wednesday	Thursday	Friday	
<input type="checkbox"/> PM Extended 3pm-6pm	Monday	Tuesday	Wednesday	Thursday	Friday	

Payments are non-refundable, non-transferable, and cannot be credited to another program. Please register by April 10th, 2017.

TERMINATION POLICY

After application is accepted, we cannot change a child’s schedule. Space permitting, we can add days to a schedule. 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. If a child’s enrollment is terminated for any reason, the deposit as well as 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 would be refunded as decided by Su Escuela Language Academy.

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 Su Escuela Language Academy for the Vacation Week Camps of 2016-2017. I agree with the terms and conditions of this Enrollment Agreement for Su Escuela Language Academy.

Child’s Full Name	DOB	DATE	Current SELA Student
Parent/Guardian Name	Signature		
Phone	Email		

VACATION WEEK ENROLLMENT CONTRACT & PAYMENT AGREEMENT

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.

Vacation Weeks Tuition

HALF DAY 9am-1pm:

5 Days: \$315 /4 Days: \$270 /3 Days: \$215 /2 Days: \$150 /1 Day: \$75

FULL DAY 9am-3pm:

5 Days: \$465 /4 Days: \$400 /3 Days: \$315 /2 Days: \$225 /1 Day: \$113

Extended Hours

7am-9am

5 Days: \$155 /4 Days: \$135 /3 Days: \$105 /2 Days: \$75 /1 Day: \$38

3pm-4pm

5 Days: \$80 /4 Days: \$70 /3 Days: \$55 /2 Days: \$40 /1 Day: \$20

3pm-5pm

5 Days: \$155 /4 Days: \$135 /3 Days: \$105 /2 Days: \$75 /1 Day: \$38

3pm-6pm

5 Days: \$235 /4 days: \$200 /3 Days: \$160 /2 Days: \$115 /1 Day: \$58

PAYMENT AGREEMENT

The efficiency of our school depends on prompt payment of tuition. It is the expectation that all payments be made on time and in full.

I understand that by enrolling my child, I am reserving his/her seat for the Vacation Week Activities and I am obligated to pay the full program's tuition. Should I withdraw my child, I will be responsible for the full tuition.

I understand that if my tuition payments fall in arrears, my child will not be permitted to participate in extracurricular activities and/or school attendance until the account is brought up to date.

Of you have difficulty paying tuition, please contact the principle or business manager immediately.

PAYMENT OPTIONS

Payment in Full: (Visa, MasterCard & Check)

Due April 10th

◇ Check enclosed # _____

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

For Office Use:

Date: _____ Check: _____ Amount: _____ Rec'd By: _____

Student Information

Last Name First Middle Preferred Name Female Male

Street City State Zip Code

Date of Birth Previous Language exposure? If yes, how long? Where:

Eye Color _____ Hair Color _____ Sex

Primary Parent (Check) Father Mother Step-parent Guardian

PARENT Last Name First Home Phone Cell Phone

PERSONAL EMAIL Occupation Title Employer

Parent 2 (Check) Father Mother Step-parent Guardian

Last Name First Home Phone Cell Phone

Personal Email Occupation Title Employer

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

SPECIAL MEDICAL CONDITIONS OR OTHER PERTINENT INFORMATION: (Complete medical forms are required before first day of class.)

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 _____

Dismissal Permission Form

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.	_____	_____	_____

Parent Signature

Date