



## 2017– 2018 FEBRUARY BREAK ACTIVITIES REGISTRATION FORM

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### Please Circle Your Choice of Days

*February Vacation Dates: Feb 20, 21, 22, 23*

<b>February Vacation Camp: Ages 3 months – 9 years</b>					
<input type="checkbox"/> Half Day: 9 am to 1 pm	Tuesday	Wednesday	Thursday	Friday	
<input type="checkbox"/> Full Day: 9 am to 3 pm	Tuesday	Wednesday	Thursday	Friday	
<input type="checkbox"/> AM Extended 7am-9am	Tuesday	Wednesday	Thursday	Friday	
<input type="checkbox"/> PM Extended 3pm-6pm	Tuesday	Wednesday	Thursday	Friday	

Payments are non-refundable, non-transferable, and cannot be credited to another program. Please register by Feb 9, 2018.

#### **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, 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 2017-2018. 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**

Infants & Toddlers age Ages 3 months - 2 years 8 months

HALF DAY/ 9am-1pm

5 Days: \$375      /4 Days: \$305      /3 Days: \$245      /2 Days: \$200      /1 Day: \$100

FULL DAY/ 9am-3pm:

5 Days: \$535      /4 Days: \$400      /3 Days: \$330      /2 Days: \$280      /1 Day: \$140

Extended Hours

7am-9am

5 Days: \$170      /4 Days: \$155      /3 Days: \$120      /2 Days: \$87      /1 Day: \$44

3pm-6pm

5 Days: \$270      /4 Days: \$230      /3 Days: \$184      /2 Days: \$140      /1 Day: \$70

Preschool & School age Ages 2 years 9 months - 9 years

HALF DAY/ 9am-1pm

5 Days: \$310      /4 Days: \$280      /3 Days: \$226      /2 Days: \$160      /1 Day: \$80

FULL DAY/ 9am-3pm:

5 Days: \$420      /4 Days: \$350      /3 Days: \$331      /2 Days: \$230      /1 Day: \$115

Extended Hours

7am-9am

5 Days: \$160      /4 Days: \$140      /3 Days: \$110      /2 Days: \$79      /1 Day: \$40

3pm-6pm

5 Days: \$250      /4 Days: \$210      /3 Days: \$165      /2 Days: \$120      /1 Day: \$60

## 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 in full is due at the time of enrollment.



**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.**

	<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date