



# 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.**

<b>Jr Explorers, Explorers, and Adventurers</b>						
<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

<b>Additional Programs</b>						
<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

# 2017 Summer Enrollment Agreement

## 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 \_\_\_\_\_