Jardín SPANISH IMMERSION ACADEMY

Enrollment Form

Child's Name _____

Birthdate _____

Projected start date _____

Child's Primary Home Address _____

_____

Parent(s) or Guardian(s)

Name _____

Home Address (if different than child's): _____

Home Phone _____

Work Phone _____ Cell Phone _____

Occupation & Place of Work _____

E-mail _____

Name _____

Home Address (if different than child's): _____

Home Phone _____

Work Phone _____ Cell Phone _____

Occupation & Place of Work _____

E-mail _____

Child lives with: Mother_____ Father _____ Both _____ Other (Please Specify) _____

Both parents/guardians are assumed as authorized to pick up the child and to be contacted by the program as needed and unless we have a court order on file specifying otherwise.

Emergency Contacts

Please provide a ***minimum of two*** emergency contacts other than the parents who are authorized to pick up your child (no maximum). Contacts ***must*** include legal name, full address, and at least one phone number.

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

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Name_____Relationship_____

Address_____Phone _____

City_____ State_____Zip Code_____

Doctor's Name_____Phone_____

Address _____

Dentist's Name_____Phone_____

Address _____

Optional:

Health Insurance Provider: _____

Policy and Group Number: _____

Please initial your child's days of attendance. Part time schedules must include Monday and/or Friday.

M	T	W	TH	F

Child's typical daily schedule of attendance will be from_____am/pm to_____am/pm

Please describe anything you would like our staff to know about your child's eating, sleeping, toileting, communication, and comforting habits and methods.

_____

_____

_____

Please describe any dietary and/or medical needs or specifications.

_____

_____

_____

If applicable, please provide documentation of any individual child care program (ICCP) needs.

We must receive a completed Health Care Summary and Immunization Record signed by your child's health care provider prior to admission to our program. You are required to submit additional medical information at least annually and/or whenever your child advances into an older age category.

Parent/Guardian Signature_____ Date _____

Office use:

☐ G ☐ V ☐ C/MB ☐ K ☐ B ☐ H/I ☐ MIIC ☐ PL/ A ☐ SC ☐ N/DA ☐ NB-*For Infants Only* ☐ F/C