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 who are authorized to pick up your child (no maximum). Contacts ***must*** include legal name, full address, and at least one phone number.

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

Jardín Spanish Immersion Academy

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 ☐ PL ☐ SC ☐ N/DA ☐ NB-*For Infants Only* ☐ F/C

Jardín Spanish Immersion Academy

Parent Contract

1. I have read and agree to all policies in the Parent Handbook. I understand that the Parent Handbook may be updated on at least an annual basis, and I hereby agree to be bound by any such updates to the Parent Handbook.

2. I authorize the staff of Jardín Inc., a Minnesota corporation ("Jardín"), to use the following products/non-prescription medications on my child. These products will be used according to the manufacturer's instructions and as staff deem necessary or appropriate. Please notify us in writing if this is not okay with you.
    a. Cloth diapers and wipes
    b. Soap
    c. First Aid Supplies
    d. Diaper Rash Cream and Sunscreen (provided by parents/guardians)

3. I authorize the staff of Jardín to administer First Aid and CPR if necessary, to seek professional medical care in the case of an emergency, and to have access to health/medical information about my child.

4. Subject to the terms of the Parent Handbook (as amended from time to time), I give permission for my child to walk to and/or participate in activities geared for my child away from the child care center under the supervision of Jardín staff.

5. Consistent with the terms of the Parent Handbook (see "—Privacy Policy"), I authorize Jardín to capture, use, copyright or publish photographs, videotapes, motion pictures, recordings, or any other media images taken of my child, or in which my child appears, without restrictions or compensation of any kind. I authorize photos, videotapes, motion pictures, recordings, or any other media images of my child for use within the Jardín Learning Center and agree that group photos in which my child appears may be shared with other enrolled families. I also agree to release Jardín from any and all liability or claims arising out of its use of such photographs, videotapes, motion pictures, recordings, or any other media images.

6. The Parent Contract, together with the Parent Handbook (as amended from time to time), constitutes the entire agreement regarding the provision of child care services by Jardín. No waiver of any provision of this Parent Contract (including the Parent Handbook, as amended from time to time) by Jardín on any one occasion shall constitute a waiver of any other provision, nor shall it constitute a waiver of such provision on any later occasion.

7. I acknowledge that the name of Jardín Spanish Immersion Academy™ and its logo are both trademark to assure its exclusive use by its owner or to prevent the trademark's unauthorized use. I also acknowledge that Jardín™ keeps all rights to the materials that belong to the copyright owner including but not limited to our name and logo, curriculum, lesson plans, assessment forms, operation guidelines, and menus

Child's Name _____

Parent Signature _____ Phone _____

Child Care Immunization Form

*Must be on file **before** a child attends child care*

Name _____ Birthdate _____

Date of Enrollment _____

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine DO NOT USE (✓) or (×)	**1st Dose Mo/Day/Yr**	**2nd Dose Mo/Day/Yr**	**3rd Dose Mo/Day/Yr**	**4th Dose Mo/Day/Yr**	**5th Dose Mo/Day/Yr**
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)					
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) • 3 doses during 1st year *(at 2-month intervals)* • 4th dose at 12-18 months • 5th dose at 4-6 years *Indicate vaccine type: DTaP or DTP*					5th dose not required if 4rd dose was given on or after the 4th birthday
Polio (IPV, OPV) • 2 doses in the first year • 3rd dose by 18 months • 4th dose at 4-6 years			4th dose not required if 3rd dose was given on or after the 4th birthday		
Measles, Mumps, and Rubella (MMR) • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years					
***Haemophilus influenzae* type b (Hib)** • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older					
Varicella (chickenpox) • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years					
Pneumococcal Conjugate Vaccine (PCV) • 3 doses in the first year • 4th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care					
Hepatitis B (hep B) • 2-3 doses in the first year • 3rd dose (final dose) as late as 18 months					
Hepatitis A (hep A) • 2 doses separated by 6 months for children 12 months and older					
Recommended					
Rotavirus (2-3 doses between 2 and 6 months)					
Influenza (annually for children 6 months or older)					

Name _____

Instructions, please complete:
Box 1 to certify the child's immunization status
Box 2 to file an exemption (medical or concientious)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

A. Children who are 15 months or older:

For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

_____
Signature of Parent / Guardian OR Physician / Nurse Practitioner / Physician Assistant / Public Clinic

_____ Date

B. Children who are 15 months or younger:

For children who are younger than 15 months OR have not received all required immunizations:

I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:

_____
Signature of Physician / Nurse Practitioner / Physician Assistant / Public Clinic

_____ Date

2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.

A. Medical exemption:

No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):

_____
Signature of physician / nurse practitioner / physician assistant

_____ Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)

_____
Signature of physician / nurse practitioner / physician assistant (If disease occured before September 2010, a parent can sign.)

B. Conscientious exemption:

No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

_____
Signature of parent or legal guardian

_____ Date

Subscribed and sworn to before me this:

_____ day of _____ 20____

_____
Signature of notary

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARESOURCE

Date of Enrollment: _____

NAME OF CHILD _____ Birth Date _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

_____

What is the status of the child's. . . Vision _____

Hearing _____

Speech _____

Please list below the important health problems

Important Health Problems	Followed By You	Followed By Other Med Source (Name)	Requires Special Attention at Center

Other information helpful to the child care program _____

_____

_____

Phone _____

Signature of Health Source _____ Address _____

Date _____ _____

MS-2083

Jardín Spanish Immersion Academy

Recurring Payment Plan Authorization Form: Credit Card

CREDIT CARD PAYMENT AUTHORIZATION

(Please print)

I authorize Jardin, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting chidlcare payments. I authorize Jardin to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Jardin to use the third party sender, RapidTuition, to process all payments.

Cardholder Name: Phone:

Email:

Children Names (if applicable):

Please enter children names if the cardholder's last name is different.

Cardholder Billing Address:

City: State: Zip Code:

Card Type: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Account Number: CVV: Expiration Date:

Signature: Date:

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

Jardín Spanish Immersion Academy

Recurring Payment Plan Authorization Form: ACH

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(Please print)

I authorize Jardin, to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings Account for the purpose of collecting childcare related payments. I authorize Jardin to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Jardin to use the third party sender, RapidTuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of the United States law.

Account Holder's Name: Phone:

Email:

Children Names (if applicable):

Please enter children names if the account holder's last name is different.

Account Holder's Address:

City: State: Zip Code:

Bank/Credit Union Name:

Bank/Credit Union Address:

City: State: Zip Code:

Bank Account Type: ☐ Checking ☐ Savings ☐ Business Checking

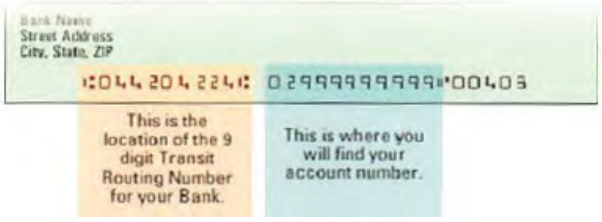
Routing Number:
(See sample below)

Account Number:
(See sample below)

This authorization will remain in full force and effect until I notify Jardin in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your bank reasonable time to act upon it.

Signature: Date:

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS
(Please attach a copy of a voided check below - deposit slips not accepted)



Eden Prairie 952-974-4365 | MPLS Longfellow 612-360-3196 | MPLS Powderhorn 612-824-1305 |
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