

PARENTS: PLEASE FILL IN ALL BLANKS

Child's Name: _____ Child's Preferred Name: _____
 Child's Home Address: _____ City/State/Zip: _____
 Date of Birth: _____ Language(s) usually spoken in the home: _____

Parent or Guardian #1

Name: _____
 Address (if different from child's): _____
 City/State/Zip: _____
 Phone: _____
 Drivers License # _____ State _____
 Email: _____
 Employer: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Relationship to Child: _____

Parent or Guardian #2

Name: _____
 Address (if different from child's): _____
 City/State/Zip: _____
 Phone: _____
 Drivers License # _____ State _____
 Email: _____
 Employer: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Relationship to Child: _____

Please list name(s) and age(s) of all other children living in the home:

People Authorized to Pick-Up Child: (Please include parents/guardians listed above, as applicable)

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____

Emergency contacts: (Must also be authorized to pick-up child in case of an emergency.)

Name: _____ Address (w/City): _____ Phone: _____ Relationship: _____
 Name: _____ Address (w/City): _____ Phone: _____ Relationship: _____

ENROLLMENT INFORMATION

Please indicate for which **2019** session(s) you are enrolling:

6 Week Voyager Sessions

- | | |
|--|--|
| <input type="checkbox"/> Session #1 - Jan. 22 - Mar. 4 | <input type="checkbox"/> Session #4 - Aug. 15 - Sept. 25 |
| <input type="checkbox"/> Session #2 - Mar. 5 - Apr. 12 | <input type="checkbox"/> Session #5 - Sept. 26 - Nov. 6 |
| <input type="checkbox"/> Session #3 - Apr. 15 - May 23 | <input type="checkbox"/> Session #6 - Nov. 7 - Dec. 20 |

3 Week Explorer Camps

- | |
|---|
| <input type="checkbox"/> Summer Camp 1 - May 30 - Jun. 19 |
| <input type="checkbox"/> Summer Camp 2 - June 20 - Jul. 3 |
| <input type="checkbox"/> Summer Camp 3 - Jul. 8 - Jul. 26 |
| <input type="checkbox"/> Summer Camp 4 - Jul. 29 - Aug. 9 |

- 2 DAYS/WEEK - Tuesday & Thursday
 3 DAYS/WEEK - Monday, Wednesday & Friday
 5 DAYS/WEEK - Monday-Friday

MORNINGS 8:30 - 11:30 am
 AFTERNOONS 12:30 - 3:30 pm

***Afternoons - waitlist only

CHILD'S MEDICAL INFORMATION

Current health status or any health problems school should know: _____

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor: _____

Company providing health and/or accident insurance coverage: (Optional) _____

Special Needs: (Glasses, Hearing Aid, Crutches) _____

Any activities child should NOT engage in: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian

Date

PHOTO RELEASE

I, the undersigned, hereby authorize Aventuras to use without limitation as to time, method or reproduction, photographs produced from my child's participation in activities at Aventuras for publication, exhibits, promotions, Aventuras web pages and other marketing media approved by Aventuras.

Signature of Parent/Guardian

Date

How did you hear about Aventuras? Please check all that apply.

- Website
- Facebook
- Google
- Referred by a friend: _____
- Drove By
- Other: (please specify) _____

For office use:

Date of Enrollment: _____

Orientation completed: _____

By: _____ Date care ceased: _____

ENROLLMENT AGREEMENT

On behalf of myself, my spouse and the child listed on this enrollment form, I enter in to this Enrollment Agreement ("Agreement") with Aventuras - Spanish Immersion Program for Young Children LLC ("Aventuras"), a Nebraska Limited Liability Corporation, regarding the provision of Spanish language preschool instruction.

1. This agreement, including the enrollment form and enrollment agreement will be kept on file at Aventuras. Enrollment contracts are for one year. Parents/guardians must notify Aventuras in writing six (6) weeks before termination. If cancellation occurs within 30-days prior to the next session, a \$45 termination fee will be charged.

2. Class sessions run for six weeks unless identified otherwise (ex. 3 week "camp").

3. Parents/guardians are required to sign up for automatic payments. 50% of the session cost is due before the session begins with the balance due before the halfway point of the session. There will be a \$30 fee for a returned payment within five business days after return of payment. There are no deductions or refunds for absence, illness, holidays or weather closures.

4. My child has no medical, psychological, physical or mental condition which has not been disclosed to Aventuras on the attached enrollment form. My child does not have any infections, contagious or communicable diseases. I understand that immunization verification is required for attendance.

5. In the event my child becomes ill with a contagious illness after visiting Aventuras, I agree to notify Aventuras as soon as possible so we can, at our discretion, notify each family of children who may have been exposed.

6. I understand that while Aventuras provides a safe environment, it is possible my child could get injured. In such an event, I authorize Aventuras to follow its internal procedures, including simple first aid when reasonable and appropriate; however, I understand Aventuras shall not be required to strictly follow those guidelines when, in its judgement, circumstances may require otherwise.

7. In the event of an emergency where Aventuras determines that medical attention is necessary for my child, I authorize Aventuras and their staff to make such arrangements including contacting a physician, as necessary. I authorize the hospital/physician/dentist to perform necessary procedures. I authorize my child to be treated at the nearest hospital, if necessary. I understand the cost of medical attention and ambulance are the responsibility of the parent/guardian.

8. I agree that Aventuras may take action which it considers prudent to protect the safety of my child and other children at Aventuras. I further agree to indemnify, defend and hold Aventuras (and its owners, officers, directors, agents and employees) harmless from and against all actions, claims, or liability, including attorney fees and court costs, directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing the enrollment form, the agreement or any other form.

9. Aventuras reserves the right to terminate services without liability whenever the needs of the child cannot be met and to refuse admission to any child for any reason without liability.

As a condition to my use of the services, I have accurately completed and signed the Enrollment Form and Release. I understand that Aventuras will rely on this information in caring for my child.

I agree to pay all costs and attorney fees arising out of any action relating to this Agreement, the Enrollment form or the release for collection purposes or otherwise.

I HAVE READ THE AGREEMENT CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

Signature of Parent/Guardian

Date

RELEASE:

Aventuras, as a State of Nebraska licensed Preschool, provides a fun and safe environment for children. However, in any child care program, injuries may occur. In order for Aventuras to provide services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, Aventuras is requesting that you sign this release. I, on behalf of myself, my spouse and my child designated on this Enrollment Agreement, waive and release all rights, causes of action and claims against Aventuras and their officers, directors, agents and employees for any and all loss of or damage to property or injuries suffered by my child during the time my child is visiting Aventuras, including possible negligence of Aventuras but excluding gross negligence and intentional misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property and that by signing this release I engage Aventuras to provide temporary care for my child at my own risk. I represent that I am authorized to sign this release on behalf of the child listed. I have been given an opportunity to ask question and obtain answers to my satisfaction regarding any and all aspects of Aventuras and the Release, including but not limited to future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by Aventuras other than those contained in the written information supplied to me by Aventuras. I understand that this Release will be kept on file at Aventuras and will continue in effect through termination of this enrollment contract.

I HAVE READ THE RELEASE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

Signature of Parent/Guardian

Date