

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: (Parents/Guardians listed above are authorized to pick-up and need not be listed here.)

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 and TUITION

This form is used to enroll in our Saturday morning class at FOUNDATIONS Progressive Learning Center (2900 N 14th Street) for students aged 3 and up. Tuition is charged monthly at the beginning of the month and there are no deductions or refunds for absence, illness, holidays or weather closures.

SATURDAY 9:30 am - 11:30 am

Tuition = \$80 per month

New student registration fee = \$40

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: _____

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

Any activities child should NOT engage in: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

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 (if applicable) 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 program instruction.

1. This agreement, including the enrollment form and enrollment agreement will be kept on file at Aventuras. Parents/guardians must notify Aventuras in writing at least thirty (30) days before termination. Notice provided less than thirty days prior to termination incurs tuition up through the thirtieth (30th) day after termination is received in writing.
2. Tuition is due monthly on the first of every month. There will be a \$30 fee for returned payment to be paid within five (5) business days after return of payment.
3. There are no deductions or refunds for absence, illness, holidays or weather closures. Families utilizing Title XX will be direct billed for missed days.
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, in our discretion, notify each family of the 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 and reasonable 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, as necessary. I authorize the hospital/physician/dentist to perform necessary procedures. I authorize my child to be treated at the closest 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.

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. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT AVENTURAS WILL RELY ON THIS INFORMATION IN CARING FOR MY CHILD.

Signature of Parent/Guardian

Date

RELEASE:

Aventuras, 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

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