



“AMIGUITOS” BILINGUAL PRESCHOOL & “CLUB DE NIÑOS” REGISTRATION

Student's name \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: M F Age \_\_\_\_\_

Parents' name \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address (main) \_\_\_\_\_

New student  Current student  Former student

Referred by: \_\_\_\_\_

Schedule  Five Days  Three Days  Two Days  One Day  
 Mon. & Wed  Tues. & Thurs.  Mon. ,Wed. & Fri.  Fri.  
 8:30-11:30  8:30- 2:30  Other \_\_\_\_\_

Start date \_\_\_\_\_

How motivated is your child to attend the program? 0 1 2 3 4 ?  
Circle a number or question mark. (not) (very) (don't know)

If you circled the question mark, please explain \_\_\_\_\_

Are one/ both parents able to read some Spanish? Yes No

Are one/ both parents able to speak some Spanish? Yes No

Has your child ever attended another Preschool? Which one? \_\_\_\_\_

Which Preschool is your child currently attending? \_\_\_\_\_

Payment plan: Full Payment \_\_\_\_\_ or Monthly Payments \_\_\_\_\_ (see Page 5 Agreement)

Enclosed please find \$ \_\_\_\_\_ check cash

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of parent or guardian

=====

**For Office Use Only**

Class ID \_\_\_\_\_ Instructor \_\_\_\_\_

Entered in Add. B. G\_ I\_C\_ Exc. C. \_\_\_\_\_ Exc. D. \_\_\_\_\_ Inv # \_\_\_\_\_ and date sent \_\_\_\_\_

Target completion date for class \_\_\_\_\_

Forms received in person \_\_\_\_\_ by mail \_\_\_\_\_ Date \_\_\_\_\_



**CHILD'S PERSONAL DATA SHEET**

Date \_\_\_\_\_

1. Name of child \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Mother's name \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_ Work hours \_\_\_\_\_

Father's name \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_ Work hours \_\_\_\_\_

Why do you want your child to learn a second language? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Could you describe in a few words your child personality? \_\_\_\_\_

\_\_\_\_\_

If we have to change the existing schedule what other day would you prefer?

Day \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of parent or guardian



**2. Other contact in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this person authorized to take the child from the center? \_\_\_\_\_

List all other adults who are authorized to take the child from the center:

_____	_____	_____	_____
Name	Relationship	Name	Relationship

_____	_____
Address	Address

_____	_____	_____	_____
City	State	Zip	City

_____	_____
Phone	Phone

**3. Medical information:**

Child's Physician or emergency treatment facility \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I, \_\_\_\_\_ (father/mother/guardian) of \_\_\_\_\_ (Child's name) do hereby give my consent to the Director of "Amiguitos" Bilingual Preschool, or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the director or her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

I hereby give \_\_\_ /do not give \_\_\_ the Director of "Amiguitos" Bilingual Preschool, or her appointed representative permission to give \_\_\_\_\_ (Child's name) acetaminophen. I understand I will be notified that the medication has been administered.

Signature \_\_\_\_\_ Date \_\_\_\_\_



4. **Immunizations:** Please provide a copy of your Child's Immunization Records. (If your child is in one of our programs held outside of our school, we do not need Immunization Records)

Verified by Health Department Record \_\_\_\_\_ Physician's Record \_\_\_\_\_ Other \_\_\_\_\_

5. **Disease History: List the dates of each:**

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ German measles \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Contracted Tuberculosis: Yes \_\_\_\_\_ No \_\_\_\_\_ Frequent Ear Infections: Yes \_\_\_\_\_ No \_\_\_\_\_

Frequent Throat Infection: Yes \_\_\_\_\_ No \_\_\_\_\_ Defective Heart: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Conditions or Comments \_\_\_\_\_

6. **Child's developmental needs:**

Physical or emotional problems the child might have: \_\_\_\_\_

Child's special food needs: Formula \_\_\_\_\_ Diabetic diet \_\_\_\_\_

Allergies \_\_\_\_\_

Special problems: Medications \_\_\_\_\_

Allergies \_\_\_\_\_ Temper Tantrums \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent colds \_\_\_\_\_

Biting \_\_\_\_\_ Sun Sensitivity \_\_\_\_\_ Seizures \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Bed wetting \_\_\_\_\_

Other \_\_\_\_\_

Favorite: Games \_\_\_\_\_ Toys \_\_\_\_\_ Foods \_\_\_\_\_

Siblings. Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) \_\_\_\_\_

Other useful information \_\_\_\_\_

Does your child require help in? Dressing \_\_\_\_\_ Un-dressing \_\_\_\_\_ Toileting \_\_\_\_\_

Eating \_\_\_\_\_ Washing hands \_\_\_\_\_

Is child toilet trained? \_\_\_\_\_ Words used in toileting \_\_\_\_\_

Type of child care used before: \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ at what time? \_\_\_\_\_ for how long? \_\_\_\_\_

7. I, the parent or guardian of this child, understand that I may ask for a **conference** with the Director and/or instructors as needed.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian

How would you describe your child personality or additional comments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



AGREEMENT BETWEEN "AMIGUITOS" BILINGUAL PRESCHOOL AND THE STUDENT'S PARENT

\_\_\_\_\_, parent of \_\_\_\_\_ and Larson's Language Center hereby agree to the following:

- 1. Parent agrees to encourage the student to participate in various activities outside of class where the second language is involved; for example, viewing TV programs and videos, using library programs, computer programs, books, etc.
2. Parent agrees to notify "Amiguitos" Bilingual Preschool prior to class start time via e-mail or telephone if the student is unable to attend school, even if the notification is "last minute".
3. Parent understands and agrees that when the public school districts in Benton and/or Washington County are closed "Amiguitos" Bilingual Preschool classes will be cancelled and made up at a later date.
4. Parent agrees to notify "Amiguitos" Bilingual Preschool one month prior to withdrawing a student from the program. Parent understands that Parent is responsible for the tuition for the notification month.
5. Parent agrees that any registration fee(s) and/or tuition(s) paid is/are non-refundable.
6. Parent agrees to pay one dollar for each minute they are late picking up their child.
7. Both parties agree as follows:

Regarding New students: First monthly payment is due with registration.

Regarding Part time students: Tuition is to be paid on the 15th of each month. Parent agrees to pay "Amiguitos" Bilingual Preschool the monthly sum of \$\_\_\_\_\_ beginning on August 15th, \_\_\_\_\_; the final payment to be made on May 15th \_\_\_\_\_.

Regarding Full time students: Tuition is to be paid on the 15th and 30th days of each month. Parent agrees to pay "Amiguitos" Bilingual Preschool the sum of \$\_\_\_\_\_ beginning on August 15th, \_\_\_\_\_; the final payment to be made on May 30th, \_\_\_\_\_.

Parent understands that if Parent chooses to pay one year's tuition in full, in advance, then Parent will receive a 10% discount. A \$15 charge will be added for each returned check.

By signing this agreement, both Parent and Larson's Language Center confirm their mutual agreement of the terms and conditions as set out above.

\_\_\_\_\_  
Signature of Parent or Guardian Date: \_\_\_\_\_



**PARENT'S CONSENT FOR PHOTOGRAPHY**

Do we have your permission to include your child or children in photos or videos for TV or Newspaper coverage of our programs, or for promotional purposes? \_\_\_\_\_

I \_\_\_\_\_ will allow Larson's Language Center to include my child, \_\_\_\_\_ in photographs or videotape documenting our program activities for informational or promotional purposes.

\_\_\_\_\_  
Signature of parent or guardian

Date: \_\_\_\_\_

**OUR DISCIPLINE POLICY**

Larson's Language Center uses the following methods of discipline:

- RULES ARE ESTABLISHED FOR THE BENEFIT OF THE CHILDREN
- POSITIVE REINFORCEMENT WILL BE USED
- RE-DIRECTIONS WILL BE GIVEN TO THE CHILDREN.
- IF INAPPROPRIATE BEHAVIOR CONTINUES, A TIME OUT MAY BE USED.

I have read and understand the discipline policy of Larson's Language Center. I give my permission for the use of all methods set out above.

\_\_\_\_\_  
Signature of parent or guardian

Date: \_\_\_\_\_

If the parent or guardian disagrees with any disciplinary method above, please list method preferred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

Date: \_\_\_\_\_

PLEASE NOTE: Physical punishment shall not be administered to children.  
(Minimum Licensing Requirements for Child Care Centers 500.2)  
(Minimum Licensing Requirements for Day Care Family Homes 501.1)



### Kindergarten Readiness Skills

We are required by Arkansas State law to provide a copy of the list of Kindergarten Readiness Skills, prepared by the Arkansas Department of Education, to the parents of all three and four year old children enrolled. (Act 825 of 2003).

Sign here to indicate that you have received a copy of the Kindergarten Readiness Skills, or will request one.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent or guardian

### Child Interviews

In accordance with Arkansas Department of Health and Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Unit licensing requirements:

“Parents shall be informed in writing upon enrollment of their children that children may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. (Child interviews do not require parental notice or consent.)”

Sign here to indicate that you have read the preceding statement.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent or guardian