

REGISTRATION FOR ENROLLMENT IN THE LANGUAGE SPARK'S SUMMER CLASSES

Date of Application _____ First Day of Attendance _____

CHILD INFORMATION

Child's Name (Last, First, M.I.) _____ Sex _____ Nickname _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Does your child or either parent speak another language? _____ Specify _____

PARENT CONTACT INFORMATION

Mother's Name _____ Relationship _____ Driver's License # _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____ Pager (_____) _____

Personal Email Address _____ Business E-mail Address _____

Employer _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Father's Name _____ Relationship _____ Driver's License # _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____ Pager (_____) _____

Personal Email Address _____ Business E-mail Address _____

Employer _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Marital Status Single Married Separated Divorced Other With whom does child reside? _____

AUTHORIZED EMERGENCY CONTACT AND RELEASE INFORMATION

I hereby authorize The Language Spark to allow my child to leave/be released from care of The Language Spark ONLY with the following person(s). Please list two individuals OTHER than parents/guardians who may be contacted to pick up your child. Children will only be released to a parent or a person designated by the parent/guardian below after verification of ID.

Name _____ Relationship _____ Driver's License # _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____ Pager (_____) _____

Employer _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Name _____ Relationship _____ Driver's License # _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____ Pager (_____) _____

Employer _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

REGISTRATION

This application must be completed prior to your child's attendance. The applicant understands the importance of and assumes responsibility for notifying The Language Spark of any significant changes in enrollment information such as work, and home phone numbers, work location, emergency contacts, authorized pick-up persons, medical information, etc.

TUITION

Monthly tuition is due on the first day of the preceding month. If your tuition is not paid in a timely manner, a late fee of \$5 will be added. Failure to stay current in your child's tuition fees may result in the loss of your child's space at The Language Spark's summer program. The tuition depends on the number of weeks that you enroll in classes. The more weeks you enroll in, the cheaper the cost per week. Tuition must be paid in advance for the full time that you wish to enroll your child. The tuition is as follows if you enroll your child for:

- 2 weeks: \$125
- 4 weeks: \$225
- 6 weeks: \$320

HOURS AND DAYS OF OPERATION

The Language Spark's Summer Program is open on Tuesdays and Thursdays from 9:30 am to 1:30 pm and 1:30 pm to 5:00 pm for the months of June and July (and if possible, two weeks in August). The Summer Program will be closed at least for the following holidays: Independence Day.

LATE CHARGES AND PENALTIES

If a child is left at The Language Spark's Summer Program after closing, we will attempt to contact parents first, and then will proceed to the listed emergency contacts to pick up the child. If a child is left for an unreasonable length of time and we are unable to locate any authorized adult to care for the child, we must then contact the appropriate regulatory agency including the Department of Family and Children Services. Parents are charged a late fee of \$1 per every 5 minutes if their children remain at the Summer Program after the designated closing time. This fee is payable to The Language Spark immediately at the time their children are picked up.

ILLNESS

Children who become ill, or retain a temperature of 100 degrees or higher may not remain at the Summer Program, nor will an ill child be admitted. It is the responsibility of the parent/guardian to make arrangements to have the child picked up as soon as possible after they have been notified of a child's illness. Children who have been exposed to or have contracted serious communicable or infectious diseases may not return to school until the disease is no longer contagious, and a note from the child's physician is given to The Language Spark.

MEDICATION

Medication will not be administered by The Language Spark.

EMERGENCY INFORMATION

Should my child become ill or suffer an accident, I hereby authorize The Language Spark to administer, call for, or secure the necessary emergency care or medical attention as deemed necessary by The Language Spark. I understand that, consistent with the circumstances of the situation and available time, The Language Spark will make its best efforts to contact me, and follow the instructions of the parent or guardian, physician, or other person(s) designated by me below.

In the event The Language Spark is unable to contact the parent or guardian, physician, or other person(s), I hereby grant permission to The Language Spark to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. I hereby agree that I will be solely responsible for, and will promptly pay any expenses, which may be incurred by The Language Spark in making emergency medical treatment available to the above named Student.

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give The Language Spark my permission to take my child (or children) to:

Child's Physician _____ Phone (_____) _____

Physician's Address _____ City _____ State _____ Zip _____

Preferred Emergency Medical Facility _____ Phone (_____) _____

Facility Address _____ City _____ State _____ Zip _____

Ambulance: ____ Yes ____ No

STUDENT BACKGROUND

List any special needs that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

ADMISSION REQUIREMENT

If your child does not attend pre-school or school away from The Language Spark, one of the following must be presented when your child is admitted to The Language Spark or within one week of admission.

Please check only one option:

HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in The Language Spark's summer program.
Health Care Professional's Signature _____ Date _____

A signed and dated copy of a health care professional's statement is attached.

DISCIPLINE POLICY

The Language Spark uses positive reinforcement and redirection as the primary method teaching the child acceptable behavior and self-control. The Language Spark uses praise, modeling of good behavior and encouragement of good behavior in order to guide children's conduct. Physical abuse, humiliation, bribery, verbal intimidation or threatening attitudes toward children are never allowed.

As a last resort, a brief time-out is used to give a misbehaving child time to think about and redirect their inappropriate behavior. During time-out, a child will be removed for a short period of time (no more than one minute per year of the child's age) from the situation in which the child is misbehaving. The time-out space is located away from other classroom activity, but within the teacher's vision. After time-out, the teacher will discuss the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown to the other children.

PERMISSION TO APPLY SUNSCREEN

I authorize The Language Spark to apply sunscreen to my child, for protection from the sun when needed each day they attend Summer Program. I understand that 1) I am to provide sunscreen labeled with my child's name, 2) Only the sunscreen I provide will be applied to my child, and 3) I, the parent/guardian, am to apply the sunscreen in the morning before arrival and it will be applied again by my child's teacher if necessary for any outdoor activities.

PHOTOGRAPHY/VIDEO RELEASE

The Language Spark may use photographs, reproductions, and/or sound recording of my child, for any and all purposes, which may include promotional/advertising and publicity purposes, without compensation. The Language Spark will not identify my child without written consent. I understand that this approval may be revoked at any time by written request to the management.

I DO grant permission I DO NOT grant permission

I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:

- All program activities, including the use of indoor and outdoor equipment
- Sand-related activities supervised by The Language Spark
- Transport by The Language Spark if necessary

The Language Spark is a Single Skill Spanish Program regulated by the Texas Department of Family and Protective Services. The Language Spark is not a Day Care/Child Care Service.

I, _____, agree that I have read and understand the terms and agreements listed herein, and I agree to the provisions which are incorporated herein, by reference and are a part of hereof.

Parent/Guardian _____ Date _____