



SPANISH CLUB PROGRAM CLUB DE ESPAÑOL

STUDENT INFORMATION

Name _____ DOB _____ Age _____ Grade _____
Address _____
School _____
MPA Alumni (Yes) _____ (No) _____ Spanish Club Session _____

PARENT(S)/GUARDIAN(S)

(1) _____ Cellphone _____
(2) _____ Cellphone _____

PROGRAM EXPECTATIONS

- ★ Each session starts early on a Saturday, please make sure to eat a good and healthy breakfast! No snack time will be allotted.
 - ★ Bring a water bottle to stay hydrated.
 - ★ Keep toys and other special items at home unless otherwise advised.
 - ★ Be punctual when arriving to make the most of the program and avoid disrupting the group.
 - ★ Be punctual when picking up to avoid additional fees. A \$1 cash fee per minute will be charged at pick-up.
 - ★ There are no make-ups for a missed session.
 - ★ Once this contract is signed, tuition payment is due. There are no reimbursements.
 - ★ This contract is renewed each session.
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PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

On behalf of my child, _____, a minor, I, _____, hereby consent to my child's participation in the program **Spanish Club at Mi Pequeña Academia Preschool**. I/We also agree to forever release **Mi Pequeña Academia Preschool**, and those for whom it is legally liable, as well as the members, employees, volunteers, and any and all individuals and organizations assisting or participating in the program, from any and all claims, actions, rights of action, causes of action, damages, costs, loss of services, expenses, compensation, and attorney's fees that may have arisen in the past or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the Spanish Club program. This consent applies to both the parent(s) or guardian(s) of said minor child and the minor child themselves, either before or after reaching majority.

I/We also promise to indemnify, reimburse, defend, and hold harmless the releases against any and all legal claims and proceedings of any description that may have been asserted in the past or may be asserted in the future, directly or indirectly. This includes damages, costs, and attorney's fees arising from personal injuries to my child or property damage resulting from the child's participation in the Spanish Program.

I/We further affirm that I/We have read this Parental Consent, Release from Liability, and Indemnity Agreement, and that I/We understand its contents. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Spanish Club program. I authorize staff from the Spanish Club program to provide my child with basic first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Parent/Guardian Signature: _____ Date: _____



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EMERGENCY INFORMATION CARD

Please note that this **emergency information card is for the program's first aid kit.**

Child's Name: _____ DOB: _____
Child's Home Address: _____ Phone: _____
Food allergies: _____

Parent/Guardian Contact Information

(1)Parent/Guardian: _____	(2)Parent/Guardian: _____
Relationship to child: _____	Relationship to child: _____
Reachable Phone # _____	Reachable Phone # _____
Address: _____	Address: _____

Pediatrician Contact Information

Child's Physician or Health Care Professional: _____
Address: _____ Phone #: _____

Emergency Contact to be reached first

Name: _____
Relationship to Child: _____
Address: _____
Reachable Phone #: _____
Authorized to pick up child? Yes__ No__

(2) Emergency Contact to be reached next

Name: _____
Relationship to Child: _____
Address: _____
Reachable Phone #: _____
Authorized to pick up child? Yes__ No__

Emergency Medical Treatment

I authorize staff from the Spanish Club program to give my child basic first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____ and to secure necessary medical treatment for my child.

Health Insurance

Health Insurance Coverage _____
Subscriber's Name: _____ Policy # _____

Parent/Guardian _____ Date _____



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Photo Release Form

Mi Pequeña Academia Preschool requests your permission to photograph your child during different learning activities throughout a session of the Spanish Club program. Photographs may be shared for promotional purposes of Mi Pequeña Academia. We will never label pictures of students with their names and will only post pictures with permission of the parents or guardians.

Photographic release:

I _____, parent/guardian, give permission for photographs & video of my child _____, receiving child care at Mi Pequeña Academia, to be used for promotional purposes by Mi Pequeña Academia, online or in print.

I hereby expressly agree to indemnify, defend, and hold harmless Mi Pequeña Academia, and the owners of the building where the center is located, against any claim arising as a result of my child's participation in the Spanish Club program.

Signature of Parent/Guardian

Printed Name

Date



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Transportation Plan and Authorization

[7.09(3) AND 7.12(1)]

Child's name: _____ DOB _____

My child will arrive at the program:

___ PARENT DROP OFF
___ SUPERVISED WALK
___ UNSUPERVISED WALK
___ PUBLIC/PRIVATE/VAN
___ CONTRACT/VAN
___ PRIVATE TRANS. ARRANGED BY PARENT
___ OTHER _____

My child will depart from the program:

___ PARENT PICK UP
___ SUPERVISED WALK
___ UNSUPERVISED WALK
___ PUBLIC/PRIVATE/VAN
___ CONTRACT/VAN
___ PRIVATE TRANS. ARRANGED BY PARENT
___ OTHER _____

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

1. NAME _____
RELATIONSHIP _____
ADDRESS _____
PHONE _____

2. NAME _____
RELATIONSHIP _____
ADDRESS _____
PHONE _____

THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

Signature of Parent/Guardian

Date

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION



Spanish Language and Expectations of the Program

Child's Name _____ DOB: _____

1. Has your child been exposed to Spanish before? Yes ____ No ____ (If NO please skip #2)

2. Does your child... Understand Spanish? ____ Speak Spanish? ____

3. Does any parent, relative or caregiver speak Spanish with the child? Yes ____ * No ____

Who? _____

3. Do you speak any other language at home? Yes ____ No ____

Which? _____ How often? _____

4. Why are you interested in having your child learn Spanish?

5. What are your expectations of our Spanish immersion program?

6. What do you expect to get out of our Spanish Club Program in general?

Parent/Guardian Signature: _____ Date: _____