

Date _____

FULL/HALF DAY PRE-SCHOOL/KINDERGARTEN SPANISH PROGRAM 2018-2019 Application



3 - 4 years old- child must be 3 by October 1.

4 -5 years - child must be 4 by October 1.

Full Day (9:00 AM-3:00 PM)
9:00-3:00pm w/ option of before/aftercare from 7:45am to 6:00pm

Before care Time _____ Aftercare Time _____

Half Day (9:00 AM-11:30 AM)

Child's Full Name _____

Age _____ Date of Birth _____

Mother's Full Name _____

Father's Full Name _____

Caregiver's full name _____

Address: _____ Apt _____

City: _____ NJ Zip _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Work Phone _____ - _____ - _____ Email _____

(X) All that apply **Placement is on a first come first serve basis. Please register early for preferred placement.*

	Monday	Tuesday	Wednesday	Thursday	Friday
Half Day			Monthly	Yearly	Please initial
			10 months		
	2 days	\$305	\$3,050	_____	
	3 days	\$360	\$3,600	_____	
	4 days	\$450	\$4,500	_____	
5 days	\$530	\$5,300	_____		
Full Day	2 days	\$500	\$5,000	_____	
	3 days	\$725	\$7,250	_____	
	4 days	\$915	\$9,150	_____	
	5 days	\$1,115	\$11,150	_____	

2018/2019 Tuition Deposit: \$ _____

***Annual Registration fee:** \$100

Total Deposit Enclosed: \$ _____

Check # _____ **Date** _____

*Please include the non-refundable first month tuition payment along with the annual registration fee of \$100 to hold your child's spot
**Sibling discounts are available!

Please mail and make checks payable to:
Language and Enrichment Center
551 Park Ave suite #6
Scotch Plains NJ, 07076

Emergency contact numbers – you must list at least two (not including yourself).

Name _____
Address _____
Home Phone _____
Cell Phone _____
Relation to Child _____

Name _____
Address _____
Home Phone _____
Cell Phone _____
Relation to Child _____

Name _____
Address _____
Home Phone _____
Cell Phone _____
Relation to Child _____

Child's Pediatrician

Name _____
Address _____
Phone _____
Hospital Affiliation _____

Insurance and Safety: The safety and care of your child is our most important goal. We strive to conduct all programs safely and we expect all involved to follow and reinforce all safety rules and instructions which are designed to protect all the participants and foster an atmosphere for learning. We carry general liability insurance for operations; however please be advised that we do not carry medical insurance for injuries that may be sustained in Let's Play in Italian LLC or The Language and Enrichment Center and/or its affiliates' programs. It is each participant's responsibility to review their own insurance policy on its coverage.

Release from Liability: I (the participant and/or the participants guardian) recognize and accept that I fully understand and accept that there is a risk inherent in participation in group and/or physical activity, including classes offered by Let's Play in Italian LLC or The Language and Enrichment Center and/or its affiliates. I fully agree and understand and assume the full risk of any physical injury, damage, or loss regardless of severity, which I or my child may sustain as a result of participation in any and all activities connected with or associated with any Let's Play in Italian LLC or The Language and Enrichment Center and/or its affiliates programs. I, the undersigned, on behalf of myself, my spouse, my child(ren), and any caregiver or other person attending my child, hereby and forever waive, relinquish, and fully release and discharge, Let's Play in Italian LLC. or The Language and Enrichment Center and/or its affiliates, directors, instructors, staff, and the landlords, agents and employees of the facilities in which classes are held, from any and all liability or claims resulting from any and all bodily injury, personal injury, property damage, medical expenses, or other loss sustained in connection with such classes or programs.

Permission to Secure Treatment: In the event of emergency, I authorize Let's Play in Italian LLC or The Language and Enrichment Center and/or its affiliates and/or personnel to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's immediate care and I assume full responsibility for payment of any and all medical services rendered. I fully understand that it is my total responsibility to notify, in writing, any medical pre-condition and/or any allergy that any participant may have.

I have read and fully understand the Safety and Insurance, Release from Liability and Permission to Secure Treatment and understand due to the small size of our classes, that all tuition and fees are non-refundable. I also understand that is fully within my right to have this reviewed by my attorney.

Photo Release. Program may from time to time take photographs or videos of participants for marketing or training purposes. Guardian agrees Program may use such photographs or videos for any lawful purpose, including publicity, illustration, advertising, and Web content.

Signature of Parent or Legal Guardian of Child _____

Printed name of Parent or Legal Guardian of Child _____

Date _____