

# Tribú Lil' Learners ENROLLMENT REGISTRATION

Pages 1 and 2 must be updated at the start of each school year.

Date of Registration: \_\_\_\_\_ Date of Termination Status: \_\_\_\_\_

## CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_

Parent/Guardian's Primary Language: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Primary Residence:  Mother  Father  Both  Guardian

List the family members your child lives with—include names and ages of siblings:

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

## Circle Days to Attend:

A.M. (8:30-12 pm) M T W Th F

FULL DAY: (8:30 am-4 pm) M T W Th F

Early Care (7:30-8:30 am) M T W Th F

PM Enrichment: (4-6 pm) M T W Th F

Does your child attend school?  Yes  No

School Address: \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

## PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone/Extension: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone/Extension: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up.

Name #1: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Gov Issued Photo ID Type: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact and Release  Release Only

Name #2: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Gov Issued Photo ID Type: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact and Release  Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

# ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

## **SECTION 1: TUITION AND FEES**

\_\_\_\_\_ BASIC SERVICES: I understand that Tribú Language LLC provides child care and development services for families with children 2.5 to 6 years old.

\_\_\_\_\_ REGISTRATION FEE: I understand that the payment of a non-refundable \$50 registration fee is required on an annual basis in a calendar month as determined by the school.

\_\_\_\_\_ TUITION AND MODIFICATIONS CONDITIONS: I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices.

\_\_\_\_\_ PAYMENT OF TUITION: I understand that tuition is due and payable, on the first day of attendance each month. Appropriate alternate Tuition Fees must be paid during school breaks.

\_\_\_\_\_ LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_ AGENCY REIMBURSEMENT: In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. Unless my state prohibits disclosure of such information I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

\_\_\_\_\_ CHARGES AND PROCEDURE FOR LATE PICK-UP: My school is open from 7:30 a.m. to 6 p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or a portion of a 15-minute period, per child, until the child is picked up.

\_\_\_\_\_ DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

\_\_\_\_\_ RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checking account payments which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any checking account payment returned due to non-sufficient funds, will automatically be resubmitted electronically up to three times. I further understand that once a check is processed electronically, the check is no longer negotiable and will not be returned. If more than two checking account payments are returned within a six-month period, I may be required to pay by an alternate method of payment for the next six-month period.

**SECTION 2: DAILY PROCEDURES**

\_\_\_\_\_ DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out.

\_\_\_\_\_ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

\_\_\_\_\_ MODEL RELEASE: The company, its agents, affiliates, and licensees, **may** use photographs, reproductions, images, or sound.

\_\_\_\_\_ PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_ WITHDRAWAL FROM PROGRAM: I understand that I must provide a 30 days written notice of withdrawal from the program, sent to [info@tribulanguageschool.com](mailto:info@tribulanguageschool.com). If this notification is not provided, I agree to pay all tuition and fees for the current month, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

**SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS**

\_\_\_\_\_ HOLIDAYS: I understand the school is closed on all government holidays, along with Thanksgiving Break, Winter Break and one week of Spring Break.

I agree that I will not receive a refund, credit, or other allowance for holidays or school breaks. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness or vacation).

\_\_\_\_\_ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services.

Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_

Original—Remains in Packet Yellow Copy—Parent

# AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_.

I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of California.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Provider and Policy Number: \_\_\_\_\_

Last Tetanus/Diphtheria Booster: \_\_\_\_\_

Allergies to Drugs, Foods, or Other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD PROFILE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS:

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

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

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

CHILDREN:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Who also cares for your child(ren)?

\_\_\_\_\_

\_\_\_\_\_

3. What language(s) is/are spoken in your home?

\_\_\_\_\_

4. At what age did your child begin speaking or using words? \_\_\_\_\_

5. What would you like most for your child to experience with us?

\_\_\_\_\_

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6. How would you best describe your child (personality characteristics)?

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7. What do you enjoy the most about your child?

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8. What are your child's play interests (preference for creative, dramatic, or construction play)?

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9. How does your child express frustration?

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10. Does your child have any particular fears?

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11. How does your child react to change (such as being left by parents)?

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12. How does your child comfort himself/herself?

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13. How do you discipline your child?

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14. What are the foods your child likes best? \_\_\_\_\_  
Least? \_\_\_\_\_ 15.

What are your child's mealtime routines at home?

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16. How many hours of sleep does your child receive at night? \_\_\_\_\_

17. Does your child need to be awakened in the morning to attend school? \_\_\_\_\_

18. What are your child's sleeping arrangements? Check appropriate answers.

Own room  Shares room with \_\_\_\_\_  Sleeps in crib  Sleeps in bed

19. What are your child's bedtime rituals?

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20. Does your child take naps?  Yes  No If yes, how long? \_\_\_\_\_

21. Does your child need a comfort item for a nap?  Yes  No

If yes, what is that specific item? \_\_\_\_\_

22. Is your child toilet-trained?  Yes  No

Explain: \_\_\_\_\_

23. What language do you use to discuss toileting in your house?

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24. Has your child had previous preschool experiences?

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25. Are you available to help us with field trips or other special events?

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26. Do you have a special interest or hobby you would like to share with the children?

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27. What family or cultural traditions are important in your home?

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28. Would you be willing to share these traditions with the children?

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29. Is there anything else you would like us to know about your child that would help us better meet their needs?

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_