



Child Enrollment

DESIRED START DATE: _____ Registration Fee \$100.00 Nonrefundable

Child's full name: _____ Birth date: _____

Parents/Guardian Name _____
Parents/Guardian Name _____

Address: _____ Home Phone: (____) _____
City State Zip

Mothers Work: _____ Occupation: _____ Work Phone: (____) _____
 Fathers Work: _____ Occupation: _____ Work Phone: (____) _____
 Mothers E-mail: _____ Cell Phone: (____) _____
 Fathers E-mail: _____ Cell Phone: (____) _____

An update copy of your child's/children's immunization record MUST accompany this form.

*****If there are any custody arrangements, please attach a copy of any pertinent legal documents.***

Enrollment and Scheduling Information

Please indicate the hour and days of school and care needed

Days of the week	Monday	Tuesday	Wednesday	Thursday	Friday
Hours of Care ____ hours a week	From: am To: pm	From: am To: pm	From: am To: pm	From: am To: pm	From: am To: pm

Extreme Aventura Spanish Center will staff our center based on this schedule. Please provide the most accurate information possible.

8:30 am to 12:30 AM Session	()M ()T ()W ()TH ()F
12:30 pm to 5:00 pm PM Session	()M ()T ()W ()TH ()F
7:30 am to 5:30 pm Full Day Session	()M ()T ()W ()TH ()F
3:30 pm to 5:30 pm Afterschool Session	()M ()T ()W ()TH ()F

Release Form

The following people are authorized to pick up _____ ***Child Parent Code***

Child's Name 4 numbers 2 letters

Name: _____ Parent/Guardian Signature: _____ ID on file YES NO

Name: _____ Parent/Guardian Signature: _____ ID on file YES NO

****** Copy of a government ID to identify persons picking up child with parent authorization must be on file or they need to provide at time of pick up. ******



Emergency Information

If you cannot be reached at home or at work, please provide a schedule detailing where you normally will be while your child is at Extreme Aventura. Include telephone numbers if available.

Emergency Contacts *In case parents/guardians cannot be reached, please notify:*

Name: _____ Relationship: _____ Cell: (____) _____

Name: _____ Relationship: _____ Cell: (____) _____

Medical Insurance Company _____ Policy/Medicaid# _____

Address _____ City, State, Zip _____ Group Number _____

Name of insured _____ Insured last 4 Social Security # _____

Family or child's doctor _____ Phone (208) _____

Address: _____ City _____ State: _____ Zip _____

Child Dentist: _____ Phone #(208) _____

Address: _____ City _____ State: _____ Zip _____

Hospital prefer: _____ Address: _____

Child Injuries/Medical Cost.

As parent/legal guardian of _____, I give consent to have my child receive first aid and may be given emergency treatment by staff member at Extreme Aventura Spanish Center, and if necessary, be transported to receive emergency care. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment and agree to hold Extreme Aventura and its employees harmless in the event of an auto accident. I understand that the center will take every precaution and care to insure child's safety. Adults will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with City licensing regulations. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. By signing the consent and agreement policy, Parent/Legal Guardian agrees to consent for entirety of all procedures. **No alterations or deletions of Consent and Agreement for Emergency policies will be accepted unless under the written authorization of Parents.**

Parent/Guardian Signature _____ Date _____



About your Child

1. What foods does your child like to eat?	
2. What foods does your child dislike	
3. Favorite toys, games, and activities?	
4. How does your child express anger or conflict.	
5. Does your child have fears?	
6. When upset what helps to comfort?	
7. How do you discipline your child?	
8. Any disorders/development diagnosed or suspected?	
9. Any problems at previous daycares	
10. Family situations we need to know?	

Field Trip Authorization

I, _____ give Extreme Aventura Employee, permission to take my child,
 (Parent's name) (Care Provider's name)
 _____ to _____ or local field trips as part of the our program.
 (Child Name) (school Name)
 This includes transportation by car, bus, taxi, or on foot AND is granted only if my child will be appropriately restrained in any vehicle.

Parent Signature

Date

Care Provider Initials