



LARSON'S LANGUAGE CENTER

1730 W. Poplar St. Rogers, AR 72758
(479) 633-9900



ENROLLMENT APPLICATION

“Little Amigos Preschool” & “Club de Niños” Spanish Immersion

1. CHILD'S PERSONAL DATA SHEET

Student's name _____ **Nick name** _____
Gender: M F **D.O.B.** _____ **Age** (at start date) _____

Current student Former student New student (Referred by: _____)

Home Address _____
City _____ State _____ Zip _____

Mother's contact information
Name _____ Cell # _____
Home phone _____ Work phone _____
Email (primary) _____ (secondary) _____
Employer _____ Work hours _____

Father's contact information
Name _____ Cell # _____
Home phone _____ Work phone _____
Email (primary) _____ (secondary) _____
Employer _____ Work hours _____

Does the child live with both parents? ___ IF NOT, indicate name of legal parent guardian: _____

Schedule:

<input type="checkbox"/> Five days M- F	<input type="checkbox"/> Three Days Mon, Wed and Fri	<input type="checkbox"/> Two Days Tues and Thurs
--------------------------------------------	---------------------------------------------------------	-----------------------------------------------------

8:30-11:30 8:30 - 2:30 7:30 - 5:30 (M-F only) 7:30 - 4:30 (Infant) Other

Start date: August 20 ___ Other _____

Payment plan: ___ Full Year ___ Monthly ___ Weekly (for 5 days program only)

Enclosed find \$ _____ Enrollment fee Tuition

Form of payment check # _____ credit card cash Venmo Zelle

Are you willing to **sponsor a child** with a 25% of tuition? ___ Yes ___ No ___ another %

X _____ **Date** _____
Signature of parent or guardian

=====

For Office Use Only

ADMITTED ___ NO (reason) _____
___ YES / Class ID _____ Instructor _____ Completion date: _____
Payment: Amount: \$ _____ **Form of payment** _____ **Description:** _____
Inv # _____ Date sent: _____ Forms received by: _____ Date _____
Entered in: AdBinC ___ Gr-Pk ___ Int ___ Categ ___ Calls ___ Db ___ Hrs. & Prog. ___ Pre-Reg. ___ Att. Rcd. ___ Emer ___



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How motivated is your child to attend the program? 0 1 2 3 4 ?
Circle a number or question mark. (not) (very) (don't know)

If you circled the question mark, please explain _____

Are one/ both parents able to **read** some Spanish? Mom Dad None

Are one/ both parents able to **speak** some Spanish? Mom Dad None

Has your child ever attended another Preschool? Which one? _____

Which Preschool is your child currently attending? _____

Has your child been expelled from a school/daycare or in process of expulsion? ____ Yes ____ No

If we have to change the existing schedule what other day (s) would you prefer?

Day (s) _____ Time _____

2. OTHER CONTACT IN CASE OF EMERGENCY:

Name _____ Relationship _____

Phone #s: Home _____ Work _____ Cell _____

Address _____

City _____ State _____ Zip _____

Is this person authorized to take the child from the center? **Yes** **No**

List all other adults who are authorized to take the child from the center:

Name _____ Relationship _____ Name _____ Relationship _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Phone _____

3. CLINIC HISTORY: LIST THE DATES OF EACH:

Measles _____ Mumps _____ German Measles _____

Chicken Pox _____ Whooping Cough _____

Contracted Tuberculosis: Yes ____ No ____ Frequent Ear Infections: Yes ____ No ____

Frequent Throat Infection: Yes ____ No ____ Defective Heart: Yes ____ No ____

Received: Yes ____ No ____

Other Conditions or Comments _____

4. SPECIAL NEEDS:

Medications _____

Temper Tantrums ____ Diabetes ____ Frequent colds ____ Biting ____ Sun Sensitivity ____ Seizures ____

Fainting Spells ____ Bed wetting ____ Other _____

Child's special food needs: Formula _____ Diabetic diet _____

ALLERGIES TO MEDICATIONS/ FOOD / OTHERS _____



5. CHILD'S DEVELOPMENTAL NEEDS:

Has your child experienced or exhibited any physical, mental, emotional, physiological, or behavioral needs?

Yes ____ No ____

If YES, please describe in detail: _____

Has your child been tested before or have any special service, like speech therapy, physical therapy, developmental preschool?

Has the child received any treatment or therapy related to these needs? Please explain in detail:

Yes ____ No ____

If YES, please describe in detail: _____

6. OTHER INFORMATION ABOUT YOUR CHILD:

Favorite: Games _____ Toys _____ Foods _____

Siblings: Yes ____ No ____

Sibling's names	Age	School	Sibling's names	Age	School
1.			4.		
2.			5.		
3.			6.		

Does your child require help in:

Dressing _____ Un-dressing _____ Toileting _____ Eating _____ Washing hands _____

Is child toilet trained? _____ Words used in toileting _____

Type of child care used before: _____

Does your child take a nap? For infants, please fill out the enrollment annex page

Yes ____ No ____ At what time? _____ For how long? _____

7. OTHER USEFUL INFORMATION:

Why do you want your child to learn a second language? _____

Could you describe in a few words your child's personality? _____

Please tell us where you think your child is excelling? _____

If you have a concern about your child, why do you think he/she may be having difficulties? _____

How often are you able to read to your child? Never Monthly Weekly Several times a week Daily

How much TV does your child watches per day? _____ minutes _____ hours



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ADDITIONAL COMMENTS

8. MEDICAL INFORMATION:

Child's Physician or emergency treatment facility _____

Address _____ City _____ State _____ Zip _____

Phone _____ Insurance _____

I, _____ (father/mother/guardian) of _____ (Child's name) do hereby give my consent to the Director of Larson's Language Center, or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the director or her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

I hereby give ___ /do not give ___ the Director of the Larson's Language Center, or her appointed representative permission to give _____ (Child's name) acetaminophen / ibuprofen. I understand I will be notified that the medication has been administered.

_____ Initials of parent or guardian

9. LLC's DISCIPLINE POLICY:

Larson's Language Center uses the following methods of discipline:

- RULES ARE ESTABLISHED FOR THE BENEFIT OF THE CHILDREN
- POSITIVE RE-ENFORMENT WILL BE USED
- RE-DIRECTIONS WILL BE GIVEN TO THE CHILDREN.
- IF INAPPROPRIATE BEHAVIOR CONTINUES, A TIMEOUT MAY BE USED.

I have read and understand the discipline policy of Larson's Language Center. I give my permission for the use of all methods set out above.

_____ Initials of parent or guardian

If the parent or guardian disagrees with any disciplinary method above, please list method preferred:

_____ Date: _____

Signature of parent or guardian



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PLEASE NOTE: Physical punishment shall not be administered to children.
(Minimum Licensing Requirements for Child Care Centers 500.2)
(Minimum Licensing Requirements for Day Care Family Homes 501.4)

10. IMMUNIZATIONS: Please provide a copy of your Child's Immunization Records.

11. CONFERENCE REQUESTS:

I, _____ parent or guardian of _____, understand that I may ask for a conference with the Director and/or instructors as needed.

_____ Initials of parent or guardian

12. PARENT'S CONSENT FOR PHOTOGRAPHY:

Do we have your permission to include your child in photos or videos for TV or Newspaper coverage of our programs for promotional purposes, a school yearbook, or to share Dropbox picture's file to the parents? (These pictures and articles may or may not include your child's name. Additionally, the pictures and/or videos could be used by LLC in subsequent years.)

Yes No _____ Initials of parent or guardian

13. PARENT'S CONSENT FOR STUDENT DIRECTORY:

Do we have your permission to include your child's name in a student directory and/or year book for LLC? Yes No

_____ Initials of parent or guardian

14. KINDERGARTEN READINESS SKILLS:

We are required by Arkansas State law to provide a copy of the list of Kindergarten Readiness Skills, prepared by the Arkansas Department of Education, to the parents of all **three- and four-year-old children enrolled.** (Act 825 of 2003).

Sign here to indicate that you have received a copy of the Kindergarten Readiness Skills, or will request one.

_____ Initials of parent or guardian

15. Shaken Baby pamphlet:

I _____, parent of _____, have received the Shaken Baby Pamphlet.



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16. CHILD INTERVIEWS:

In accordance with Arkansas Department of Health and Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Unit licensing requirements:

“Parents shall be informed in writing upon enrollment of their children that children may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. (Child interviews do not require parental notice or consent.)”

Sign here to indicate that you have read the preceding statement.

_____ Date: _____

Signature of parent or guardian

17. REGISTRATION AND TUITION:

Parents agree that the **registration fee** of \$ _____ is NOT refundable, and **tuition** is ONLY refundable **4 weeks prior** to the start date.

Parents agree to make 10 MONTHLY PAYMENTS to cover the expenses that LLC has for the entire year.

Tuition is to be paid on the 1st of each month.

Parents agree to pay “Little Amigos Preschool” the monthly sum of \$ _____ beginning on August 1st, _____ (or other start date _____); with the final payment to be made on May 1st _____.

_____ Date: _____

Signature of parent or guardian