



**IMMERSION, NATURE AND COMMUNITY SCHOOL**  
3701 E. MLK Blvd., Unit 2 and 3  
Austin, Tx. 78721  
(512) 669-2215

**ENROLLMENT FORM**

**General information**

Name of Child: \_\_\_\_\_

Date of Enrollment: \_\_\_/\_\_\_/\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_      Sex: M\_\_ F\_\_

Child lives with \_\_\_\_\_

Parent's name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of contact during child care: \_\_\_\_\_

Other parent/partner's Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of contact during child care: \_\_\_\_\_

School year: \_\_\_\_\_

**Please check which program you are enrolling your child in:**

3 – 4 year olds:

- 5 days program 9:00am- 2:30pm \$ 815/month for 11 months
- 5 part days program 9:00-12:00pm \$ 770/month for 11 months
- 3 days program (Mon, Tues, Wed.) 9:00am- 2:30pm \$ 720/month for 11 months
- Extended day ( 8:30am- 3:30pm or 8:30am to 5:00pm based on demand)

Kinder-2nd graders :

- 5 days program 8:30 am-2:30pm \$840/month for 11 months
- Extended day ( 8:30am- 3:30pm or 8:30am to 5:00pm based on demand)

Payment can be made by automatic bill pay or checks (Los Amiguitos, LLC).

Preferred method of payment: Venom @Los-Amiguitos

Please always specify what the checks and money transfers are for.

Tuition is not subject to adjustment because of illness or absence, nor for days school is closed for holidays, staff development days, bad weather, etc.

Tuition is due and payable on the first of each month. Payments made after the 3rd will incur a \$ 35 late fee.

Extended care and after-care require a minimum of four children signed up.

Families are asked to commit for an entire school year. To ensure consistency for the group, it is required that a family give two months notification. Tuition is paid during this time to allow for the group to find another family.

Annual registration/administrative fee: There is a yearly \$100 non-refundable registration and administrative fee upon enrollment or re-enrollment.

Security deposit: At the time of acceptance, a security deposit of \$500 must be paid. The deposit will be applied to the last month that the child is enrolled at Los Amiguitos. It will not be reimbursed if your child does not end up attending Los Amiguitos nor will it be applied to the last month your child attends if you do not give a two months notice of withdrawal.

Supply fee: There is a yearly non-refundable supply fee of \$250 per student or \$125 per semester. This enables us to have good quality Montessori materials as well as money for engaging projects and activities.

Late pick-up fee:

A late pickup fee of \$5.00 is incurred for every 5 minutes (or portion thereof) that a parent is late in picking up a child past the designated pickup time.

Return checks policy:

A returned check fee of \$25.00 is assessed for every check or electronic withdrawal returned by your bank. In

addition, if the return causes your payment to be late, you are also assessed the appropriate late payment fee. After two returned checks in a six months period, parents will be asked to pay by money order or cash.

Consequence of non-payment:

The parent/guardian agrees that if payment of tuition and fees are not made in accordance with this agreement, Los Amiguitos shall have the right to refuse to admit the student and take legal action to collect the unpaid balance due.

Calendar: Los Amiguitos strives to offer children a calendar that fits their growing and learning needs by allowing for regular short breaks throughout the school year. This calendar has proven to increase positive engagement and learning while decreasing stress, sickness during the school year and needing to relearn and re-transition after a long summer vacation. Please check school year calendar for more precise vacation dates and days off.

Enrollment forms

Parents are responsible for completing enrollment forms prior to care. Forms include a Registration Form, Health Forms, Permission Form, Emergency and Medical authorization, Discipline Form, Off-site permissions and waivers, and a Child pick up authorization.

## Child's Health History

Are your Child's immunizations up to date? Yes ( ) No ( )

If no explain: \_\_\_\_\_

Does child have any known health problems? Yes ( ) No ( ) If yes, explain

\_\_\_\_\_

Does your child have any known allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions?

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

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

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

Please comment on any other medical information/or special need the child care provider should be aware of:

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

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

**PERMISSION FORMS**

I hereby grant permission to Los Amiguitos to take pictures of my child and post them (please initial)

- on the enewsletter which will be read by other parents of Los Amiguitos
- on Los Amiguitos website and Facebook page which is viewable by the general public
- on flyers
- on Facebook private page

I hereby grant Los Amiguitos permission to apply to my child (please initial)

- Aloe (in case of mosquito bite)
- Arnica cream (in case of a bump and/or bruise)
- Lavender/tea tree oil (in case of an ant bite)
- Sunscreen (provided by parents)
- Insect repellent (provided by parents)

I hereby grant permission for my child \_\_\_\_\_ to participate in water play:

- Water sprinkler
- Wading pool
- Water table play
- Games associated with water
- Splash pad (field trip)
- Swimming pool (field trip) - K-2<sup>nd</sup> grade

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration of my child \_\_\_\_\_, born on \_\_\_\_\_, participating as a student in Los Amiguitos LLC school, I \_\_\_\_\_, am fully aware of risks and hazards connected with activities while participating in Los Amiguitos LLC, and am fully aware that there may be risks and hazards unknown to me connected with being at a facility or on the premise of Friends Meeting of Austin while in connection with Los Amiguitos, LLC. I hereby elect to voluntarily participate in Los Amiguitos, LLC, to enter upon the premises of Friends Meeting of Austin used by Los Amiguitos LLC and engage in the activities, knowing that the conditions may be hazardous, or may become hazardous or dangerous to my child (or children) or any person or property in connection with my child's (or children).

I, individually, and on behalf of my minor child (or children), hereby waive, release, acquit and forever discharge Friends Meeting of Austin, its members; and Los Amiguitos LLC, its staff, students, children present and parent volunteers from any and all liability whatsoever for any and all damages, losses or injuries, including permanent disability or death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and attorneys fees, whether caused by the acts of negligence or otherwise, which arise out of, during or in connection with my child's (or children's) participation in the aforementioned activities, including but not limited to any damages, losses, or injuries to persons or property or both, which may be sustained or suffered by my child (or children) or any person in connection with my child's (or children's) association with, or participation in, activities at, sponsored by, or arising out of the school's participation, activities, on or off campus events, or happening on the grounds of Friends Meeting of Austin.

I further hereby agree to indemnify and save and hold harmless Los Amiguitos LLC and Friends Meeting of Austin, from any loss, liability, damage or costs they may incur due to my participation in Los Amiguitos, LLC and on the grounds of Friends Meeting of Austin or off site, whether caused by the negligence of any or all of the releasees, or otherwise.

It is my express intent that this release shall bind the members of my family and spouse, and shall be deemed as a release, waiver, discharge, and covenant not to sue the above named releasees.

I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the state of Texas and/or Travis County, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

## OFF-SITE PERMISSIONS AND WAIVERS

During the course of the school year, Los Amiguitos will be taking several field trips and community outings. I understand transportation needs to be provided by my family or parent volunteers.

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born on \_\_\_\_\_, agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or other family members while participating in any off-site school program or activity, including transportation and off-site activities.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

*Please fill out and sign one of the following:*

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born on \_\_\_\_\_, give permission for my child to ride in a vehicle driven by a parent of another student, or Los Amiguitos staff.

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born on \_\_\_\_\_ allow my child to participate in field trips and community outings but my family will drive and accompany him/her.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

## Child Pick-up Authorization

**Please indicate at least two people other than parents:**

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

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

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

Phone: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

Any person(s) NOT authorized to pick up my child/children:

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

NOTE: We cannot withhold a child from a parent. If there are any custody and/or visitation issues that may cause conflict with the release of your child, you must include supporting legal documentation.



**EMERGENCY and MEDICAL AUTHORIZATION**

I, \_\_\_\_\_ (parent/guardian) of  
\_\_\_\_\_ (child) do hereby give permission to Los Amiguitos, my chosen school, to secure and authorize such emergency medical care and/or treatment as above-named child might require while under the supervision of said school. I further authorize said school to administer emergency care/treatment as required, until medical assistance is available and/or take my child to the closest hospital. I also agree to pay all costs and fees contingent of any emergency medical care and/or treatment for said child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency.

In the event of an emergency, it will be necessary to have the following information:

Child's Full Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Parent's emergency contact number \_\_\_\_\_

Other parent/partner's emergency contact number \_\_\_\_\_

Other emergency contact person: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone number: \_\_\_\_\_

Other emergency contact person: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone number: \_\_\_\_\_

Other emergency contact person: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone number: \_\_\_\_\_

Any known allergies or medical conditions of child:

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

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/ guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgment of Policies**

I, \_\_\_\_\_ (parent/guardian) have read the digital copy of the parent handbook.  
I agree to abide by all policies stated in the parent handbook. I understand that I will be notified in writing of any changes to these policies.

Parent/guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_