



**Language of Love Spanish Immersion LLC
Student Enrollment Agreement**

I am enrolling my child at the following location (circle one):

Eden Prairie Location
14100 Valley View Road
Eden Prairie, MN 55344

Waconia Location
325 Birch Street
Waconia, MN 55387

Family Demographic Information and Emergency Contacts:

| | | | |
|---|--|------------------------|--|
| Child's Full Name: | | Child's Date of Birth: | |
| Starting Age Group: | <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschooler | | |
| Parent or Guardian Name(s): | | | |
| Mother's Address: | | | |
| Father's Address: | <input type="checkbox"/> Check if same as mother's Circle One -- Child lives with: Mother Father | | |
| Mother's Phone Number(s) & Email: | Cell Phone #: _____ Work Phone #: _____ Home Phone #: _____ Email: _____ | | |
| Father's Phone Numbers & Email: | Cell Phone #: _____ Work Phone #: _____ Home Phone #: _____ Email: _____ | | |
| Alternate Emergency Contacts <i>(to whom the child may be released if parent(s) are unavailable)</i> | Emergency Contact #1: Name: _____ Relationship: _____ Phone #: _____ Alternate Phone: _____ Address: _____ Emergency Contact #2: Name: _____ Relationship: _____ Phone #: _____ Alternate Phone: _____ Address: _____ | | |

Parent Signature: _____ Date: _____



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Child Health Information

Primary Health Care Provider:

Clinic Name: _____

Provider's Name: _____

Clinic Address: _____

Clinic Phone #: _____ Clinic Fax #: _____

List any health conditions your child has received medical treatment for:

List any known allergies (to drugs, food, or environmental allergens): _____

Note: Severe allergies or health conditions will require special care plan instruction paperwork.

Dentist:

Dental Clinic Name: ~~And~~ Address: _____

Dentist Name: _____ Phone #: _____

List any dental conditions we should be aware of: _____

Hospital(s) where your child has received care:

Hospital Name(s) & Locations: _____

Provide reasons for any hospital stays or emergency room visits:

Has your child ever had surgery? Yes No

If yes, describe surgery: _____

Health Insurance Information:

Insurance Carrier Name: _____ ID #: _____

Policy Holder Name: _____ Group #: _____



Language of Love Spanish Immersion LLC

Student Enrollment Agreement

Enrollment Agreement Terms

I am enrolling my child, _____, in the Language of Love Spanish Immersion LLC (Language of Love) program pursuant to the following terms, conditions, and policies:

_____ **Tuition and Hours**
Initial Here

I have enrolled my child with the following weekly schedule:

DAYS: M T W R F (circle all days that apply) Hours needed for child care: ____ AM to ____ PM

I understand that Language of Love is open from 6:30am to 6:00pm. The current tuition rate for the program I have chosen is \$_____ per week. I understand that the rates will adjust as my child moves into new age groups per the tuition rates posted on Language of Love’s website on the date of this contract. Rates are subject to change with 30 days advanced written notice to parents.

_____ **Enrollment Fee**
Initial Here

I understand that a one-time, non-refundable registration fee of \$100 per child or \$150 per family enrolling multiple children will be due at the time of enrollment.

_____ **Payment of Tuition**
Initial Here

The official form of tuition payment is automatic withdrawal (ACH) from a checking account, pursuant to the automatic withdrawal authorization form I complete. Weekly and every other week payment options are available. Tuition is typically deducted on Mondays (possibly Tuesdays depending on the bank). Rejected transactions due to insufficient funds will result in a \$30.00 rejected payment fee.

Parents may elect not to participate in automatic withdrawal and pay by check. However, in doing so, the parent accepts responsibility to pay no later than Monday of each week. Payment on Tuesdays or later will result in a \$30 late fee. If tuition is not received by the end of the week, the child cannot attend until the account is made current.

Language of Love can accept a credit card payment in the event of a financial hardship. A 3.5% fee is added to all credit card payments to cover transaction fees.

_____ **Authorization to Act in an Emergency**
Initial Here

I hereby authorize Language of Love Spanish Immersion to act in the unlikely event of any emergency to protect my child from any danger that may be present.



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Charges and Procedures for Late Pick-ups

Initial Here

Language of Love is open from 6:30am to 6:00pm, Monday through Friday, except on specified holidays. Please note that closing time of 6:00pm means that the facility needs to be vacated and locked-up by 6:00pm. The adult picking up must arrive by 5:55pm to allow time to collect the child's things and exit the center by 6:00pm. There is a late pick-up fee of \$1.00 per minute for time spent in the center after 6:00pm. Late fees will be automatically charged to the checking account on file.

In the event that a child is not picked-up, and if Language of Love staff is unable to reach either parent or any of the authorized pick-up persons by phone within 30 minutes of closing time, the local authorities will be called to come collect the child.

Enrollment Understanding

Initial Here

I understand that Language of Love does not offer any guarantees for enrollment. In certain situations, my child may be refused enrollment, with or without notice, when it is believed, at the sole discretion of Language of Love, that discontinuing enrollment is in the best interest of the child, the center, or the other children in Language of Love's care.

I further understand that enrollment at Language of Love is not a guarantee of academic or other success, progression, or promotion.

Inclement Weather or Other Disasters

Initial Here

I understand that it is Language of Love's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural or national disaster, or major facility issue may disrupt service.

In the event of inclement weather, such as a snowstorm, Language of Love will follow the Eden Prairie school district closings for the Eden Prairie location, and the Waconia school district closings for the Waconia location.

Parents are responsible for checking media outlets in the event of inclement weather to determine if Language of Love is open or not. Late starts and/or early releases will also apply to Language of Love.

If the reason for school closing is due only to extreme cold and the risk these temperatures pose to children waiting for the bus, Language of Love will still remain open since this scenario does not apply to our operations.



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In the summer, Language of Love management will make a decision to close or stay open in the event of severe weather. Every effort will be made to contact parents to communicate such closings in a timely manner.

Holidays

Initial Here

I understand that Language of Love is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day. I agree that I will not receive a refund, credit, or any other allowance for holidays. If a holiday falls on a weekend, Language of Love will observe the holiday on the preceding Friday or following Monday.

Language of Love will celebrate Christmas with a Christmas tree and party, Halloween with a costume party, and Easter with an egg hunt.

Vacation Time

Initial Here

I understand that after six months of being enrolled full-time at Language of Love, I will be entitled to one week (five days) off of tuition as "vacation time" per 12 month period. During this week of vacation time, my child will not attend Language of Love but will continue to have his or her spot held. I understand that I must notify Language of Love's business manager in writing at least one week in advance in order to schedule vacation time.

Absences

Initial Here

I understand that my tuition will not be discounted for occasional absences. If my child will not be attending, I will call to inform the center. I understand that if I forget to call the center, the center may try to contact me to ensure everything is okay.

Notice to Withdraw from Program

Initial Here

I understand that I may decide to withdraw my child from Language of Love at any time with two weeks advanced notice. If I do not want my child to attend for the two week notice period, I understand that I will responsible for tuition for the last two weeks. I also understand that I am able to re-enroll my child at any time if there is space available, and that I will need to pay any past due balances and another non-refundable registration fee.



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Sign In/Sign Out

Initial Here

I understand that I must physically escort my child to and from the classroom each day. I also understand that I must sign my child in and out every day. My child cannot do this on their own. This also applies to approved guardians picking or dropping off the child.

If your child will be dropped off by a transportation service, such as a bus from the city early childhood program, the transportation service must be willing to escort the child inside the center and sign-in the child. If the transportation service is unwilling to do this, a \$50/week service fee will be charged to cover the costs associated for a staff person to wait for the bus.

Photography and Videography

Initial Here

Language of Love staff take photos and videos of the children. Photos are displayed in the center, used to make scrapbooks gifts for parents, and occasionally are featured on our website or marketing materials. If I do not want a particular photo of my child displayed in the center, I may request that it be taken down and Language of Love will honor my wishes. Group photos or videos that are taken of my child's class may be posted on Language of Love's website or used in a special video for family events.

Language of Love will always ask for parent permission prior to using an individual or close-up picture of your child on the website or in an external marketing material.

Illness and Re-Admission

Initial Here

I understand that I will be notified if my child becomes ill while attending Language of Love. I also understand that I will need to immediately pick up my child upon notification that he or she is ill. I agree that if my child contracts or is exposed to a contagious disease, my child will not be able to attend Language of Love until he or she has been symptom free for at least 24 hours.

Parent/Legal Guardian(s) will be informed of any communicable disease that has been reported at Language of Love and/or local community. Please report knowledge of any communicable diseases within your family or neighborhood to the Program Director.

Medication Administration

Initial Here

I understand that if medication administration is in the best interest of my child, Language of Love will agree to administer prescription or non-prescription medication to my child only after I have consented in writing using the "Authorization for



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Administering Prescription Medical Treatment, Waiver and Consent” or “Non-Prescription Medical Treatment Instruction, Consent and Waiver” form.

I will need to hand the medication directly to the teacher and provide the medication in its original bottle. Medication cannot be left in your child’s cubby. If it is a prescription medication, the medication container must have the prescription label attached with the prescribing provider’s exact instructions.

Initial Here

Minor First Aid

I understand that if there are any minor injuries during my child’s day (bumps or bruises, skinned knee, etc.) I will be notified at pick-up time and will be asked to sign an Incident Report. This report will document how the injury happened and what steps of First Aid were administered. I can be provided a copy of the report upon request. The Incident Report will be maintained in my child’s record.

Initial Here

Emergency First Aid

As the parent/legal guardian, I give consent to Language of Love Spanish Immersion, LLC to administer emergency first aid to my child by the program staff. I understand that if necessary, 911 will be called, and my child may be transported via ambulance to receive emergency care. I understand that I will be responsible for all emergency transportation charges, medical charges, and any charges not covered by my health insurance. I give consent for my authorized emergency contact persons to make decisions, if I am unavailable. I agree to update relevant emergency contact information and health information whenever a change occurs.

Initial Here

Personal Items

I understand that Language of Love is not responsible for lost or damaged personal items. I will ensure that my child’s clothing, backpacks, and other personal items are clearly labeled with my child’s first and last name.

Initial Here

Outdoor Activities

Most of Language of Love’s outdoor activities occur in our fenced-in playground. However, during warm weather, special activities may occur outside the fenced area. This includes biking activities in the empty parking lot, playing in sprinklers, bouncy castles, walks in strollers, etc. The preschool class will take short walks to close-by city parks on nice days. I give my permission for my child to participate in these outdoor activities.



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Initial Here

Emergency Evacuation

In the event of an emergency requiring evacuation, Language of Love must have permission to evacuate the premises and bring my child to the emergency evacuation site. I authorize Language of Love to evacuate my child in the event of an emergency requiring evacuation. In the event of an evacuation during the cold weather, the children will be brought to the nearest open building.

Eden Prairie emergency evacuation location: the nearest public business which is the gas station across the street from Life Church.

Waconia emergency evacuation location: Trinity Lutheran School

Initial Here

Parent Handbook

I have reviewed the Parent Handbook and agree to the terms, policies, and procedures outlined in the Parent Handbook. My child's enrollment in Language of Love requires compliance with this Student Enrollment Agreement, the Parent Handbook, and any other policies of Language of Love. If the Parent Handbook is updated, I will be notified at least 14 days in advance.

Initial Here

Legal Document

I understand that this is a legal document. Any written modifications to this agreement by the parent(s) will be returned and the child will not be able to enroll until a completely unaltered, initialed, and signed enrollment agreement is received. Any modification to this agreement due to special circumstances will require an addendum signed by both the parents and the owner.

Parent or Guardian Signature

Date

Print Name

Parent or Guardian Signature

Date

Print Name

Office Use Only: *Enrollment Contract Reviewed by:* _____ *Date:* _____



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Individuals authorized to pick up your child with photo identification.

Child's Name: _____

At least two authorized pick-up persons must be listed per licensing regulations.

Authorized Person(s):

Phone Number(s) of Authorized Persons:

1. _____
2. _____
3. _____
4. _____

I authorize Language of Love to release my child to the individuals listed above, provided the individual can show identification. If I know in advance that arrangements have been made for one of these individuals to pick up my child, I will inform the Language of Love staff.

Parent or Legal Guardian Signature

Date

Parent or Legal Guardian Signature

Date



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Getting to Know You

Child's Name: _____ Date: _____

We want to get to know your child. Please provide some information about your child for our staff to review before your child's first day. This will help us ensure a smooth transition. Please feel free to be as detailed as possible.

My child's communication and comforting habits are.....

My child's eating habits are.....

My child's sleeping habits are.....

*My child is: in diapers currently potty training fully potty trained
Anything we should know about your child's diapering/potty activity?*

Tell us about your child's favorite things and activities....

Tell us about things your child dislikes.....

What can our staff do to make you as a parent feel more at ease in the beginning.....

Anything else you'd like us to know?