

**Office Use Only**

Date received \_\_\_\_\_

Class \_\_\_\_\_

Deposit received [ ] Y [ ] N \_\_\_\_\_

# Bilingüitos Programs Student Information Form 2017-2018

Please have the following form completed and returned to administrator by due date. Please also attach enrollment deposit as indicated; checks can be written to Spanish Immersion LLC. (If using form other than a check please coordinate with administrator.) \*Indicates required field.

## **Basic Information**

Child's name:\* \_\_\_\_\_

Child's DOB:\* \_\_\_\_\_ Gender: M [ ] F [ ]

Program:\* [ ] Mommy & Me [ ] Preschool [ ] PreK [ ] Camp I [ ] Camp II [ ] After School [ ] Private/One on One

Parents' name(s):\* \_\_\_\_\_

Parent email address:\* \_\_\_\_\_ ☐

Parent phone numbers (and please indicate preferred in the box):\*

HOME \_\_\_\_\_ [ ]

CELL #1 \_\_\_\_\_ [ ] CELL #2 \_\_\_\_\_ [ ]

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

## **Medical & Emergency Information**

Emergency contact (in case a parent can't be reached):\*

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

☐ Phone number: \_\_\_\_\_

Relation: \_\_\_\_\_ Check for authorized pick-up [ ]

Please list child's food allergies and/or medical conditions: \_\_\_\_\_

Primary care physician name & number: \_\_\_\_\_

Medical insurance company & number: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

*I acknowledge that all of the above information is true and correct to the best of my knowledge. I agree to pay in full the amount listed in program information or the amount previously previously agreed on with an administrator.*

Parent/guardian name: \_\_\_\_\_

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