

# The Spanish Advantage Club

9615 East 59<sup>th</sup> Street  
Indianapolis, IN 46216  
317-656-1757

[info@thespanishadvantageclub.com](mailto:info@thespanishadvantageclub.com)

## Preschool Registration Form

2021-2022

### STUDENT INFORMATION

Child's Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Day / Month / Year

Gender:  Male  Female

### PARENT INFORMATION

Parent Name \_\_\_\_\_ Access Code \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

## **MEDICAL RELEASE & PERMISSION INFORMATION**

### **Functions and Activities**

It is my understanding that participating in the preschool programs, recreational, and other activities of The Spanish Advantage Club are a privilege. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established by The Spanish Advantage Club's policies and procedures; rules of conduct set forth by The Spanish Advantage Club; and, state and federal regulations and laws. I understand that The Spanish Advantage Club's rules and policies apply to my child and the other students. Prior to my child's participation in such preschool activities, I acknowledge that there could be certain risks associated with the activities, including by way of example, physical injury due to activity-related accidents. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

### **Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above or (if I am a participant) am capable of withstanding both the physical and mental demands of the preschool activities. I also expressly assume all risks of the child or me participating in the activities whether such risks are known or unknown to me at this time. I further release The Spanish Advantage Club and its owners, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities.

I further agree to indemnify and hold harmless The Spanish Advantage Club and its owners, leaders, employees, volunteers, and agents from any claims arising from my participation in its activities and program, or as result of injury or illness of my child during such activities. No medications will be administered to minors without written consent from legal guardians.

**\*\* The Spanish Advantage Club is released of all liability concerning those who do not have medical coverage and cannot be responsible for payment of medical expenses incurred during activities. Individuals not having adequate medical coverage assume the risk of injury and all expenses related with the associated injury.**

Parent Printed Name: \_\_\_\_\_

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

**Medical Information**

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child take any medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please list: \_\_\_\_\_

Will your child need to be administered medication during the preschool? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please list: \_\_\_\_\_

Please sign if medication will be administered:

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

**Health History**

Asthma \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Heart Disease \_\_\_\_\_ Diabetes \_\_\_\_\_

Other \_\_\_\_\_

**Allergy Information**

\_\_\_\_\_ Food allergies, please list: \_\_\_\_\_

\_\_\_\_\_ Animals, please list: \_\_\_\_\_

\_\_\_\_\_ Bee Stings.

\_\_\_\_\_ Trees, pollen, grass.

\_\_\_\_\_ Other, please list: \_\_\_\_\_

## **TRANSPORTATION RELEASE & PERMISSION INFORMATION**

### **ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER**

I understand that this transportation may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation other than by negligence on behalf of The Spanish Advantage Club.

By signing this form, however, I hereby release The Spanish Advantage Club, its owners, administrators, directors, officers, tutors, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits, or other forms of liability that any of them may sustain in the event that any accident, injury, loss of property, or any other circumstance or incident occurs during or as a result of my son's/daughter's transportation conducted by The Spanish Advantage Club for any reasons other than negligence on behalf of The Spanish Advantage Club. This release of includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student's transportation by The Spanish Advantage Club. I hereby release and agree to hold harmless The Spanish Advantage Club, its officials, agents, and employees, from any claims arising out of my son's/daughter's transportation. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgements.

### **ACKNOWLEDGEMENT AND SIGNATURE**

I can confirm that I have carefully read this **PRESCHOOL REGISTRATION FORM** and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student of 18 years or older.

I have signed this **PRESCHOOL REGISTRATION FORM**  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

This form has been read and is understood by me.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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2021-2022

## Emergency Numbers and Pick Up Information

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

Parent Name \_\_\_\_\_

Parent Name \_\_\_\_\_

The following people have permission to pick up my child from The Spanish Advantage Club:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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2021-2022

## The Spanish Advantage Club Policies

Welcome to The Spanish Advantage Club. Please read our policies so that you will be familiar with them. As much as we love keeping your children, there are some basic guidelines we must ask everyone to follow so that our facility runs smoothly for everyone. With communication left open, we will always address any problems or concerns you may have with our program. Without communication, we cannot address problems or work with you efficiently.

1. The regular hours for this program will be Monday through Friday from 6:30 a.m. until 6:30 p.m. We understand that circumstances arise beyond your control and you may have to be late picking up your child from time to time. You are permitted one free late pick up per Month. Following that, each time you are more than 10 minutes late by our clock, the late pick up cost will be \$10 for each 15 minutes you are late, this is due when you pick up your child that evening.

2. If your child will not be attending the program on a given day, we ask that you notify us at 317-656-1757 before 6:00 a.m. on that day.

3. Breakfast, lunch, snack, and dinner will be provided. However, if you prefer, you are welcome to send your own snack/lunch. **(no peanuts please)**

4. Children in our program will be required to maintain appropriate behavior. Use of profanity, physical force towards others, disrespect towards staff and/or peers, stealing and/or disregard for the rules and policies of our program will not be tolerated. If a problem arises with your child and repeated efforts by The Spanish Advantage Club to correct the problem are unsuccessful, the parents will be consulted for assistance to help resolve the matter.

Discipline procedures used at The Spanish Advantage Club include time out, withdrawal of play activities, loss of privileges and writing apologies.

Violence from any student towards their classmates and or staff will not be tolerated in any respect and will be cause for immediate permanent dismissal of the student.

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5. Tuition payments are due on the Friday before the week attending, no later than 6:30 p.m. A \$10 late fee will be accrued for each week the account is delinquent. You can make your payment either by check, credit card, or using the banking “Zelle Pay” method or online at our website [thespanishadvantageclub.com](http://thespanishadvantageclub.com). Using “Zelle Pay” you will need to register to do this by going to your bank website and using the email address, [thespanishadvantageclub@yahoo.com](mailto:thespanishadvantageclub@yahoo.com).

7. Tuition for three, four and five-year-old is \$150 for a half-day week (6:30-12:30), and \$200 for a full day week (6:30-6:30). If child is not fully potty trained, an additional \$50 per will be required until child is fully potty trained.

8. A \$30 charge will be required for all checks returned unpaid for any reason. Returned checks must be made good immediately. If the account becomes delinquent, late fees will be charged.

9. Pick up can only be made by an authorized parent or guardian. Parent or other designated person must sign out the child every day before he/she leaves the facility.

10. Students that do not complete a full year’s attendance per contract will be required to pay two weeks of tuition after departing The Spanish advantage Club.

**I have read all policies and guidelines concerning The Spanish Advantage Club. I understand there are NO EXCEPTIONS to these policies.**

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Parent Printed Name

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Parent Signature

Date \_\_\_\_\_

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## Registration and Deposit Requirements

Enrollment in The Spanish Advantage Club's Pre-School requires a \$50 "Non-Refundable Registration Fee". This fee will be required per school year.

Parent Initials \_\_\_\_\_

There is a Books and Supply Fee of \$75 per school semester. Uniforms are required to be worn by students Monday thru Thursday.

Parent Initials \_\_\_\_\_

A "Non-Refundable Holding Fee" of \$400 for all students three, four and five-year-old will ensure your child's position in his/hers class. This fee will be applied to the first- and second-weeks tuition of the start of the child's school year.

Parent Initials \_\_\_\_\_

### Deposit and Fees are due at signing of Pre-School Contract

Total Amount Paid Deposit \_\_\_\_\_

Total Amount Paid Registration \_\_\_\_\_

Total Amount Paid Books and Supply Fee \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Yearly Pre-School Vacation and Activity Policy

1. The school year is split up into two terms. First term is August 3<sup>rd</sup> thru December 18<sup>th</sup>, the Second term is January 4<sup>th</sup> thru May 28<sup>th</sup>.
2. Students can miss one week per each school term without paying tuition fee. (vacation, illness, etc.)
3. TSAC pre-school is open every day and school is in session from August 3<sup>rd</sup> thru May 28<sup>th</sup>, except for the following Holidays.
  - Labor Day, (considered a full week and full week tuition is due)
  - Thanksgiving, November 24<sup>th</sup> Closed at 5pm, November 25<sup>th</sup> thru the 26<sup>th</sup>, Closed (considered a full week and full week tuition is due)
  - Christmas, December 20<sup>th</sup> thru December 24<sup>th</sup>, (considered a full week and full week tuition is due)
  - New Years, December 27<sup>th</sup> thru January 31<sup>st</sup>, (tuition is not due)
  - MLK Day, January 18<sup>th</sup>, (considered a full week and full week tuition is due)
  - Presidents Day, February 21<sup>st</sup>, (considered a full week and full week tuition is due)
4. Throughout the school year class activities and field trips will be scheduled. The preschool students will be expected to attend all class activities and field trips planned. If a parent does not wish for the child to attend the activity or field trip, it will be the parent's responsibility to make arrangements for the child's care during the planned activity.

Parents Printed Name \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_