



**Children's Center for Language and Culture, Inc.**  
Registration Form for Spanish Immersion Programs

**Fairfax City Location**

Preschool, After School & Saturday Program 2020-2021

**STUDENT INFORMATION**

Last \_\_\_\_\_ First \_\_\_\_\_ MI. \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent 1 name: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Parent 2 name: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Emergency contact's name #1: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Address: \_\_\_\_\_  
Emergency contact's name #2: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Address: \_\_\_\_\_  
School attending: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_  
Previous child day care or school attended (if any): \_\_\_\_\_  
Name of any additional programs attended (if any): \_\_\_\_\_  
People authorized to pick up student: \_\_\_\_\_

**MEDICAL (If not applicable, Write N/A)**

Illness or health problems: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
How severe?  MILD  MODERATE  SEVERE  LIFE THREATENING  
Precautions: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Anything else we need to know: \_\_\_\_\_  
Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Child's Physician name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
My child is able to participate in all physical activities: yes \_\_\_\_\_ No \_\_\_\_\_

**PERMISSION TO TAKE VIDEOS AND PICTURES**

I give permission for my child \_\_\_\_\_ to have his/her video or picture taken while participating in ChiCeLaCu! activities. I am aware that these videos/pictures may be displayed on the website, in newsletters, flyers, social media and/or any other publications regarding ChiCeLaCu! activities.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

IN ORDER TO PROCESS APPLICATION, **we must receive** the signed & dated registration form, health & immunization form, documentation of viewing proof of the child's identity and age (e.g. birth certificate, child's ID or passport), first month's tuition, registration fee, and deposit (new parents only). All students must be up-to-date with immunizations according to ACIP recommendations (Ref. Code of Virginia §32.1-46(a))

**FINANCIAL INFORMATION – Refund & late fee policy**

**\*\* Please note that an annual commitment is required for all programs. You are responsible for payment for the entire duration of the program (a full academic year) even if you choose to withdraw your child from the program before its completion. \*\***

- Yearly tuition may be paid in full or in **10** equal monthly payments. Monthly payments are **due on the 1st of each month**. A \$25 late fee will be added for each week past the due date.
- New parents under payment plan are required to pay **a non-refundable deposit** equal to one month's tuition. Deposit is lost upon withdrawing from program before the end of the school year; otherwise deposit is applied to June's payment. You are required to pay for the full duration of the program even if you choose to withdraw child before completion of the program (full academic year).
- **A late fee of \$1 dollar** will be applied for every minute a parent is late to pick up their child. This fee will be applied to the monthly tuition.
- **All payments are non-refundable** except in cases of program cancelation due to low enrollment.

**LEGAL INFORMATION – Center's policies**

I give my consent and approval for my child's participation in Children's Center for Language & Culture, Inc. I hereby release and hold harmless Children's Center for Language & Culture, Inc., its agents and employees, from all claims, damages, or other liabilities for injuries to the student which are not the result of gross negligence by Children's Center for Language & Culture, Inc., its agents or employees. I understand that accident insurance is not provided. Children's Center for Language & Culture, Inc. has my permission, in an emergency, to provide emergency medical attention and, if necessary, to take my child to the emergency room of the nearest hospital at my expense, and the hospital and its staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child. This is an authorization for emergency medical care if the emergency occurs when the parent cannot be located immediately unless the parent states in writing an objection to the provision of such care on religious or other grounds. Children's Center for Language & Culture, Inc., will notify the parent when the child becomes ill and the parent will arrange to have the child picked up as soon as possible if so requested by Children's Center for Language & Culture, Inc. The parent will inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. This is a written agreement between the parent and Children's Center for Language & Culture, Inc., and shall be in each child's record by the first day of the child attendance. This written agreement between the parent and Children's Center for Language & Culture, Inc., is required by 22 VAC 15-30-110 in the set of standards for centers serving children under the age of 13 who are separated from their parents or guardians during a part of the day.

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

**SCHEDULE & EDUCATIONAL OPTIONS**

Check all that apply:

**Spanish Pre-K (3-5 years old, all levels)**

	<b>Mon, Wed &amp; Fri</b>	<b>Mon - Fri</b>
Morning (9:30 AM – 12:00 PM)	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (1:00 – 3:00 PM)	<input type="checkbox"/>	<input type="checkbox"/>
Morning & Afternoon (9:30 AM – 3:00 PM)		<input type="checkbox"/>
Before Care (8:00 – 9:30 AM)		<input type="checkbox"/>
After Care (3:00 – 5:45 PM)		<input type="checkbox"/>

**After Care Program, Free Play (K-6)**

	<b>Mon - Fri</b>
After Care (4:00 – 5:45 PM)	<input type="checkbox"/>

**Saturday Spanish Immersion (K-6)**

	<b>Sat</b>
Morning (9:30 AM – 12:00 PM)	<input type="checkbox"/>

Amount on check **enclosed**: \_\_\_\_\_ Check number: \_\_\_\_\_

Name of Student(s) \_\_\_\_\_

**Please mail payment & registration forms to:**

Children's Center for Language & Culture, Inc.  
10201 Main St, Ste 230 Fairfax, VA 22030

Questions? 703-992-8722, 571-210-0161 or [info@chicelacu.com](mailto:info@chicelacu.com)