

Parent/guardian information:

Name: _____ Relationship to child: _____

Cell phone: _____ Work phone: _____

Email: _____

Work Address: _____

Parent/guardian information:

Name: _____ Relationship to child: _____

Cell phone: _____ Work phone: _____

Email: _____

Work Address: _____

Tuition / Payment Information:

Tuition is due every Friday by noon for the week ahead. Credit card has a 4.7% surcharge. Late tuition is \$10 a day per child.

Current Tuition Amount: _____ Monthly

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Initial next to each statement

_____ I acknowledge that this center is Christian based and religious activities are offered everyday, I have been given a general description of these activities and authorize my child to participate.

_____ I have reviewed and received a copy of Mi Escuelita Bilingual Christian Academy's policies and procedures/handbook

_____ I have received a copy of the Summary of rules and regulations of daycare centers in Tennessee.

_____ I have received a copy of the biting policy of Mi Escuelita Bilingual Christian Academy.

_____ We are aware of the rules & regulations for Mi Escuelita & agree to follow them and comply.

Signature:

Parent's Signature: _____ Date: _____

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission to Mi Escuelita Bilingual Christian Academy and/or its representatives to take my child _____ born _____. My child may be given emergency treatment (first aid and CPR) by a qualified staff member. Ambulance services might be contact if the staff of MEBCA considers it necessary. I give permission for my child to be transported by ambulance, aid car, or staff car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency, and if emergency transportation is needed. I _____ agree to pay all costs of transportation and medical care.

Child's physician _____ Physician's address _____

Health insurance _____ Phone number _____

Group Number _____ Identification number _____

Responsible party _____ Relationship _____

Allergies _____

Medical Conditions and procedures _____

Parents names/Guardians _____

Signature _____ Date _____