

Aprende Academy Summer Program

REGISTRATION PACKET

REGISTRATION INSTRUCTIONS

2024 Year

Welcome to Aprende Academy Summer Program! We are thrilled to have you join us.

As part of the registration process, please complete and email the information requested in this Student Registration Form.

You will need to fill out a Registration Form for each student that is enrolling in Aprende Academy.

You can expect to spend approximately ten minutes on this process for each student.

Please review each page carefully and make sure all requested information (including all * Asterisk items) and signatures are provided.

Please provide the requested documents listed below to the following email address:

Shannon.Killeen@AprendeNV.com

1. \$100 Non-Refundable Registration Fee – to be submitted by E-Funds Once Accepted into the Program
2. Copy of your student's Birth Certificate (legal name must match registration form)
3. Copy of Immunization Record (Must be current before entering school)
4. Copy of Proof of Address (utility bill)
5. Copy of Parent I.D (driver's license or passport)
6. If applicable copy of student's IEP

Thank you for choosing Aprende Academy Summer Program.

If you have any questions, please contact Shannon Killeen at Shannon.Killeen@AprendeNV.com.

Aprende Academy Summer Program
NEW STUDENT REGISTRATION FORM 2023

*Campus Location: Pebble #2 ONLY

*Pre-K Student (4 years old) or Preschool Student (3 years old):

Section I – Student Demographic Information

*Student's Legal First Name: (Name must match birth certificate) _____

Student's Legal Middle Name: (Name must match birth certificate) _____

*Student's Legal Last Name: (Name must match birth certificate) _____

*Birth Date: _____

*Gender: Male / Female / Gender X: _____

*Grade Entering: Preschool / Pre-K: _____

Communication Between Home and School

Preferred Contact Number for all School Communications: _____

*Phone #1 Type: _____ *Relationship: _____

Phone #2 Type: _____ Relationship: _____

Family E-Mail for School Correspondence: _____

Verify E-Mail: _____

Alternate E-Mail for School Correspondence: _____

Verify E-Mail: _____

*Home Address: _____

*City: _____ *State: _____ *Zip: _____

Mailing Address (if different from home): _____

City: _____ State: _____ Zip: _____

Section II – Parent / Legal Guardian Demographic Information

Note: Only legal guardian(s) may be listed on registration documents. Legal guardians are defined as parents listed on the student’s birth certificate or guardian(s) awarded guardianship by a court of law. Marriage does not grant guardianship. Court ordered guardians must provide the school documentation to be listed on this registration form.

*First name of Legal Guardian #1: _____

*Last name of Legal Guardian #1: _____

*Relationship: _____ *Lives with Student? Yes / No

Home Address: _____

City: _____ State: _____ Zip: _____

Please list your phone numbers in the order you would like us to call if we need to contact you.

*Phone #1: _____ *Type: _____

Phone #2: _____ Type: _____

E-mail: _____

Verify E-mail: _____

Place of Employment: _____

Work Phone Number: _____

*First name of Legal Guardian #2: _____

*Last name of Legal Guardian #2: _____

*Relationship: _____ *Lives with Student? Yes / No

Home Address: _____

City: _____ State: _____ Zip: _____

Please list your phone numbers in the order you would like us to call if we need to contact you.

*Phone #1: _____ *Type: _____

Phone #2: _____ Type: _____

E-mail: _____

Verify E-mail: _____

Place of Employment: _____

Work Phone Number: _____

Legal Bindings

*Are there any legal documents the school should have record of such as a divorce decree, custody order, or restraining order? _____

If yes, please provide a copy of the legal documentation to the listed email. We will not be able to take actions required by any such documentation unless we have a copy on file.

NOTE: If the parents / guardians entered above are not the student’s parents as listed on the birth certificate or if there are other unique custody arrangements, please provide a copy of relevant legal documentation to the school.

Sibling Information

Please list any siblings attending the campus where your PRE-K program is located.

Student's Full Name: _____ Grade: _____

Student's Full Name: _____ Grade: _____

Student's Full Name: _____ Grade: _____

Section III - Emergency Contacts

Please list individuals who are not previously entered above. By listing this individual you are granting permission for the school to release your student to this person if the parent or guardian cannot be contacted during regular school hours.

*Name of Emergency Contact #1: _____ *Relationship: _____

*Phone #1: _____ *Type: _____

Phone #2: _____ Type: _____

*Name of Emergency Contact #2: _____ *Relationship: _____

*Phone #1: _____ *Type: _____

Phone #2: _____ Type: _____

NOTE: Only 2 contacts are required for registration purposes. Additional emergency contacts may be added to your student’s file once school begins.

Please submit any emergency contact information changes to the school.

Health Statement Form

Please download and print the Health Statement Form. This form must be completed and returned to the school within 30 days of the 1st day of school.

* You acknowledge that you have received a copy of the Health Statement Form: Yes / No

*Parent or Guardian Signature: _____ Date: _____

Consent for Medical Treatment (Form required by Child Care Licensing)

To provide the best care, designated staff may consult with, obtain assistance implementing health policies, and may inform staff on dental care/personal cleanliness with the following physician and/or nurse regarding your child’s health. Aprende Academy Pre-K staff may also contact 911 emergencies, Poison Control at 702-732-4989, Clark County Health Department at 702-759-0673, or Southern Hills Hospital Emergency Room at 702-880-2100.

In an emergency, staff of Aprende Academy Pre-K has your permission to call an emergency vehicle or to take your child to any available physician or hospital at your expense. In an emergency, your child may receive first aid. Also, the staff of Aprende Academy Pre-K has your permission to call the following:

*DOCTOR: _____ *PHONE: _____

*DENTIST: _____ *PHONE: _____

IF NECESSARY, YOU GIVE CONSENT TO ANY DOCTOR OR HOSPITAL TO ADMINISTER MEDICAL OR SURGICAL TREATMENT AND CARE FOR YOUR CHILD AT YOUR EXPENSE.

Which Hospital do you Prefer? _____

If Above Physician Cannot Be Reached, What Action Should Be Taken?

(Call Hospital Above)

*Child’s Date of Birth: _____

*Home Address: _____

*Home Phone: _____

Mother’s Name: _____ *Work Phone: _____

Father’s Name: _____ *Work Phone: _____

Does your child have any of the following (Circle all that apply to your child):

- Special diet
- Allergies
- Medication
- Chronic/recurring illness
- Surgery or serious illness in the past year

- Physical limiting condition

*If yes to any of the above questions please explain:

*Parent or Guardian Signature: _____ Date: _____

Section V – Annual Acknowledgments

The school provides a copy of the School Handbook to parents/guardians annually during registration.

Please download and print the School Handbook.

*You acknowledge that you have been provided with a copy of the School’s Handbook and/or policies:

Yes / No _____

*Parent or Guardian Signature: _____ Date: _____

Parent / Student Compact

Each year we ask parents to review and sign a Parent / Student Compact that outlines the parents’ and the school’s responsibilities.

Please download and print the Parent / Student Compact.

*You acknowledge that you have been provided with a copy of the School’s Parent/Student Compact:

Yes / No _____

*Parent or Guardian Signature: _____ Date: _____

Notice for Directory Information

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the school, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your student’s education records.

Under FERPA, "Directory Information" is information that is generally not considered harmful or an invasion of privacy if released. The School may disclose directory information without your written consent unless you have advised the School to the contrary in accordance with School procedures.

The primary purpose of this rule is to allow the School to include this type of student information (directory information) in certain school publications without requiring the school to obtain parental consent every time.

Examples include: A playbill, showing your student's role in a drama production.

The School has designated the following information as directory information:

Student's name / Photograph / Grade level / Degrees, Honors and Awards

Directory information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that publish yearbooks.

PLEASE NOTE THE FOLLOWING:

The School will not give or sell your information to vendors for the purpose of advertising, sales, or marketing.

*Restrict / Not Restrict: _____ the following directory information for _____ (your child's name)

Media Release:

As the parent/guardian of _____, you give your permission to Aprende Academy Pre-K to use my child's photo in school or building publications, audio-visual presentations, and/or media news stories. This includes photographs, slides, audio/video, and computer email or web pages:

Yes / No: _____

*Parent or Guardian Signature: _____ Date: _____

Permission to Release Information

You understand that during the time your child, _____ is attending Aprende Academy Pre-K, the staff may be asked for information regarding your child. You hereby give permission to release information to official persons only, who identify themselves, such as health care personnel, child care bureau, welfare or other licensing officials:

Yes / No: _____

If you do not give permission to release information about your child as set forth in the aforementioned statement, you realize that the State of Nevada Division of Health Child Care Licensing Unit has access to your child's records as the Licensing Unit.

*Parent or Guardian Signature: _____ Date: _____

Field Trip Permit

The Department of Child Care Licensing requires all answers to be completed on this form:

*I, _____ (parent/guardians name), give permission for my child to be transported to advised field trips or for emergency care by Aprende Academy Pre-K. I understand my child will be transported in a privately owned and insured vehicle. If an accident should occur during transport, I will not hold Aprende Academy Pre-K or staff responsible. I understand my child will be protected by adequate supervision of staff or volunteers and adequate insurance, which covers liability for health or injury, medical expenses, and damages caused by uninsured motorists.

*Please sign below to acknowledge you have received a copy and understand your responsibilities as outlined in the Parent/Student Compact.

*Parent or Guardian Signature: _____ Date: _____

Pesticide and/or Aerosol Use Notification

Please be advised this facility has pesticide sprayed once per month on the weekend. Aerosol Sprays may be used in the classroom on occasion.

Per regulation 8.2.4, I have received the above notification and understand that this facility must provide all parents and guardians of children in their care with a written advisory and information regarding any notification plan of the use of pesticides and/or aerosol sprays on the premises.

Student's Name: _____

*Parent or Guardian Signature: _____ Date: _____

Carpool Information

Student Name: _____

Campus Location: _____

Grade: Pre-K

My Student Carpools with the following students:

* _____

The following individuals have my permission to pick-up my student after school:

*Name: _____

*Relationship: _____ *Phone Number: _____

I understand that I am responsible for notifying the school of any changes to this form. This form is for Afterschool Information only. Persons listed on this Afterschool Information form are not considered an Emergency Contact person. Only persons listed as an emergency contact person will be allowed to pick up a student during school hours.

A copy of this form will be given to your student's teacher.

*Student Name: _____

*Parent/Guardian Signature: _____

Facility Statement

Department of Health and Human Services
Division of Public & Behavioral Health
Child Care Licensing
3811 W. Charleston Blvd. Ste. 210
Las Vegas, NV 89102
Phone: 702-486-3822 Fax: 702-486-6660

Parent/Guardian Notification of NRS.178 Child Care Facility required to maintain certain information; reporting of information to parents and guardians; notice of right to information:

I, _____, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's enrollment.

*Parent or Guardian Signature: _____ Date: _____

Outside Contractor

I understand that my child could participate in activities with an outside contractor. I understand:

x The facility is paying the contractor for their services; the contractors are required to get a full background check. Children will not be signed out of care and at least one staff member from the facility will be with the children at all times, in addition to the contractor.

n/a Parents are paying the contractor for their services; the contractors are not required to get a full background check. Children must be signed out of care from the facility and will be under the care of the contractor. The contractor works for the parent and not the facility. Children may be left alone with the contractor. The facility assumes no liability while child is in the care of the contractor.

Child's Name: _____

Contractor/Type of Services: Music and Movement Classes, Etc Classes

Facility Name: Aprende Academy Pre-K

*Parent or Guardian Signature: _____ Date: _____

Uniforms

Uniforms are required to be worn on the Aprende Academy Campus. Wearing school uniforms, students will become part of a team. It is this team effort and sense of belonging that will help students experience a greater sense of identity and promote academic excellence. We are committed to keeping the cost of uniforms as low as possible for our families. Purchase information is included in our student registration packet and is available for purchase at the Campus Club Store.

Shirts: T-Shirts with the Aprende Academy logo, Summer logo and School Year logo are approved. Undershirt colors can be solid matching colors or white.

Classroom sweaters: Solid white, khaki (tan) colors, and navy blue.

Jackets: All coats and jackets are approved.

Pants, skirts, shorts, skorts, or capris: Any bottoms for the Summer Program. Skirts/shorts/skorts must be fingertip length.

Jumpers: Solid khaki or solid navy blue colors with or without Aprende Academy Pre-K logo

Tights: Solid colors only

Shoes or sneakers: Shoes/sneakers must fit securely on the foot. Flip flops, sandals, heels, or wedges are not allowed.

*I acknowledge that I have received information where to purchase approved uniforms for Aprende Academy.

*Parent or Guardian Signature: _____ Date: _____

School Hours

Monday – Thursday 8:30 am – 12:30 pm - Sessions are 4 hours long in duration

Times may be subject to change at any time. Parents will be advised with advanced notice.

School Dates

Summer Camp is a six-week program.

Start date is June 10, 2024 and will conclude on July 25, 2024.

Child Interest Form

Has your child had any prior group play or Preschool experiences? Yes / No: _____

If yes, please list experience(s):

Personality:

Favorite Activities/Toys: _____

Favorite Songs: _____

Favorite Books: _____

Favorite Food: _____

What are your child's special talents? _____

What are your child's hardest challenges? _____

Child's Fears: _____

What age group does your child prefer playing with? _____

Siblings: _____

Pets: _____

What time does your child: Wake Up? Fall Asleep? _____

Describe your child in 3 words: _____

What other information may be helpful to know about your child? _____

Planning Guide:

What do I want my child to gain from his/her PRE-K experience?

Any talent, hobby, or cultural interests you are willing to share with the children?

Holidays Celebrated: _____

Allergies: _____

Are you available to participate in daytime activities with this program? Yes / No: _____

*Parent or Guardian Signature: _____ Date: _____

Section VI – Annual Fees Contract

Tuition: Total Tuition for the 6 weeks is \$1360 and will be billed in three increments on June 3rd, June 24th, and concluding on July 8th in the amount of \$450.00. Tuition payments will be automatically withdrawn.

Online E-Funds Payments are required and will be automatically withdraw. E-Funds information will be sent to parents upon registration. Please send all inquiries regarding your E-Funds account to Shannon.Killeen@AprendeNV.com.

Parents are required to sign a tuition contract.

Registration Fee: A \$100 Non-Refundable Registration Fee must be submitted at time of Registration.

Supply Fee: \$50.00 due May 27th

Withdrawal: A 30-day notice is required for withdrawals.

Tuition is to be Paid Online: All payments must be set-up with E-Funds with an automatic monthly withdrawal. Information will be emailed during the enrollment process. Questions please contact Aprende Academy at (702)858-0302 or email Shannon.Killeen@AprendeNV.com.

Late Fee:

A \$25.00 per month will be added for tuition payments received after the due date of each month.

A \$10 late fee will also be charged for students not picked up or dropped off on time. Please contact the school as soon as possible if you are going to be late. Excessive late pick-up/drop-off will be grounds for release of student's placement at Aprende Academy Pre-K and forfeiture of any monies paid.

Costs of Collection: If your account is referred for collection, you agree to pay all costs of collection including, but not limited to, attorney's fees.

Snack: Cold lunches are required daily and must be provided by the family. Glass containers and bottles are not permitted. Teachers are not able to heat foods or aid in food preparation. Lunches will be stored in the classroom; therefore, cold packs are recommended.

Water will also be available during both indoor and outdoor activities as needed.

Aprende Academy is a peanut free environment.

Uniforms: Children must wear approved Aprende Academy Uniform. Closed toe shoes only may be worn. Information for purchase of uniforms are available on school website.

Change of Clothing: One change of clothing should be labeled with Student's First and Last Name and brought to the school in a gallon zip-lock bag.

*Parent or Guardian Signature: _____ Date: _____

Section VII – Final Signature & Submit

By submitting this Student Registration Packet, I acknowledge that my student, (Student Name)

must adhere to the policies and procedures established by Aprende Academy Pre-K and the information I have provided is accurate to the best of my knowledge.

I certify that I am the legal guardian or custodial parent of this student. I agree to notify the school of any changes in the registration information.

Aprende Academy Pre-K is privately owned and operated by Aprende Academy, LLC.

*I acknowledge that my Pre-K student is subject to lottery selection for Kindergarten attendance.

*Parent or Guardian Printed Name: _____ Date: _____

*Parent or Guardian Signature: _____ Date: _____

*Note: Please complete and email this Form to Shannon.Killeen@AprendeNV.com. Once this form has been received, you will receive an e-mail confirming your Acceptance into Aprende Academy Pre-K.