



## **Aprende Academy Summer Program**

### **REGISTRATION PACKET 2026**

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](mailto: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](mailto:Shannon.Killeen@AprendeNV.com).

**Aprende Academy Summer Program**  
**NEW STUDENT REGISTRATION FORM 2026**

\*Campus Location: **Pinecrest Inspirada** Campus ONLY

\_\_\_\_\_

\*Pre-K Student (4 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: 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:

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

**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 8, 2026 and will conclude on July 16, 2026.

### **Child Interest Form**

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

If yes, please list experience(s):

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### **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 \$1350 and will be billed in three increments on June 1<sup>st</sup>, June 22<sup>nd</sup>, and concluding on July 6<sup>th</sup> 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](mailto: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 25<sup>th</sup>

**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](mailto: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.

**Lunch/Snack:** A reusable water bottle and 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)

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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](mailto:Shannon.Killeen@AprendeNV.com). Once this form has been received, you will receive an e-mail confirming your Acceptance into Aprende Academy Pre-K.