



Bilingual Child Academy Enrollment Forms

Date of Enrollment: _____

Desired Start Date: _____

Deposit: _____

Admission Information

Child's Full Name (First, Last)	Date of Birth	Sex: Male___Female___
Home Address	City	Zip
Phone Number	Child's Home Primary Language	
1st) Parent/Guardian's Name	Mobile Number	
Email	Employer	
2nd) Parent/Guardian's Name	Mobile Number	
Email	Employer	

EMERGENCY CONTACTS: Please list Name, Relationship, Address, and Telephone Number of Person(s) to reach in case of Emergency where parents/guardians cannot be reached. This can be anyone in town (neighbor, co-worker, friend, etc)

Name: Relationship to Family/Child: Address: Telephone: () Does this person have authority to pickup child? Yes / No	Name: Relationship to Family/Child: Address: Telephone: () Does this person have authority to pickup child? Yes / No
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AUTHORIZED PICKUPS: I hereby authorize Bilingual Child Academy to allow my child to leave the facility ONLY with the following persons. Please list name and telephone number(s) for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name: Relationship: Telephone:	Name: Relationship: Telephone:	Name: Relationship: Telephone:
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Parent/Guardian Signature	Date:
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Child's Name: _____

Authorizations

AUTHORIZATION FOR MEDICAL ATTENTION		
<p>In the event an emergency contact cannot be reached, or arrive in a timely manner, I authorize BCA to transport my child to the nearest medical facility.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No SIGNATURE OF PARENT/GUARDIAN:</p>		
Name of Child's Physician or Practice	Phone Number	Address
CHECK ALL THAT APPLY		
<p>I give consent for the facility to secure any and all necessary emergency medical care for my child, and agree to above authorizations:</p>	<p>Parent/Guardian Signature:</p> <p>Date:</p>	
<p>I hereby authorize BCA to transport my child for:</p> <p><input type="checkbox"/> Emergency Care <input type="checkbox"/> In the event of an Evacuation of Facility</p>		
<p>I understand that BCA has video cameras in the classrooms with DVR recording, can only be viewed by administration.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>I hereby give consent for images of my child such as photos (<i>without name or personal information</i>) to be posted on classroom bulletin boards, used for classroom activities, or possibly used for promotional material, Facebook.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Initial:</p>		
<p>I understand that meals may be provided for my child throughout the day, and that I can provide personal food from home. BCA is not responsible for the nutritional value of food brought from home. (Meals provided: Breakfast, Lunch, Snacks)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Initial:</p>		
<p>I authorize my child to play in supervised water activities which may include a water table or sprinkler play.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No [BCA does not have a swimming/lap/wading pool] Initial:</p>		
<p>I understand that Bilingual Child Academy is a group care facility and CANNOT provide One-on-One care for any child.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Initial:</p>		
<p>I understand that I can access the most current Parent Handbook and Center Policies on the website at www.BilingualChildAcademy.com and that I will be notified via email in case of an update</p>	<p>Parent/Guardian Signature:</p> <p>Date:</p>	

<p>I understand that I can access the most current Parent Handbook and Center Policies on the website at www.BilingualChildAcademy.com and that I will be notified via email in case of an update.</p>	<p>Parent/Guardian Signature:</p> <p>Date:</p>	
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Bilingual Child Academy Enrollment Forms

Child's Name: _____

Child's Special Care Needs (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (<i>include instructions below</i>) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? Yes No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian

Date Signed

Please list all known allergies, dietary needs, illnesses (previous & existing), or injuries within the past 12 months which may affect participation in school related activities, and which your caregiver should be made aware of:

**** If your child has a medical diagnosed allergy, the center requires a Doctor signed/stamped Emergency Plan ****

Medications: For Medications brought for a child to be dispensed at the center, BCA will use the following for dispensing of medication guidelines:

- (A) Medication must be signed in on the daily medication log, **located in the front office**, and given to a member of our management team at the front desk. Additional forms may also be required by your individual state-licensing agency. Do not leave medications for your child with a teacher or in their backpack.
- (B) All medicines, including Over-the-counter, prescription and epi-pen medications must be in their original packaging or container and be clearly labeled with dispensing/dosage instructions.
- (C) Nonprescription, or "over the counter," medications can only be administered according to the label instructions, including recommended age-appropriate dosages. Nonprescription medications must be in their original packaging or container and be clearly labeled with your child's first and last name and the date it was brought to the center. No OTC medications will be given for longer than two (2) weeks without written permission from a physician.
- (D) If your child requires ongoing medication, please complete the BCA Ongoing Medication Form, available from the front office. Additional forms may also be required by your individual state-licensing agency. Topical medications, such as sunscreen, diaper ointments, or teething gels, may not require physician approval but may require written consent to apply; if a parent provides these items then permission is implied.
- (E) If your child has an adverse reaction to medication, we will document his or her symptoms and call you for immediate pick up.

Signature of understanding:

Open sores/wounds: Parents/guardians understand that if a child comes to school with a severe diaper rash, skin rash, open wounds, lesions or blisters that ooze liquid, the child must receive care for this at home or from a professional medical care. Teachers/staff can administer initial first aid at first occurrence but cannot continually administer medical care for the child's sores throughout the day. Our teachers are not trained as nurses and cannot care for medical needs besides First Aid.

Signature of understanding:



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Child's Name: _____

Medical Requirements

BEFORE being admitted into group care, you must provide the following medical information to BCA as applicable for child:

I have provided my child's current immunization schedule, and will keep the center records updated each time my child receives new vaccinations.
 Yes No Signature: _____

I understand that BCA requires all children to be current on their vaccination schedule and must provide an updated immunization schedule each time new immunizations are given.
 Yes No Signature: _____

At the age of four, or admission into the Pre-K program, I must provide a medical Hearing & Vision Screening as required by the state DFPS Minimum Standards and the Special Senses & Communications Act.
 Yes No Signature: _____

I affirm that my child has been checked by a doctor within the past year, is in good health, and can participate in group care. Within 6 months I must provide a Health Care Professional Statement from child's doctor, which confirms last date of well check.
 Yes No Signature: _____ Date: _____

A signed and dated copy of the Health Care Professional Statement / Child's Physical with clearance is attached

Children enrolled in an Elementary School:

School Name: _____ Phone Number: _____

Health-Care Professional Statement

Child's Name: _____		Date of Exam: _____
<i>Physician's Statement: "I have examined the above named child, and find he/she is in good health and can participate in a childcare / preschool program without limitations."</i>		
Dr. Name - Physician Signature / Medical Practice Stamp	Phone Number	Address
Medical Practice performing Exam / Dr. Signature	Phone Number	Address



Bilingual Child Academy Enrollment Forms

Family Name: _____

Tuition & Payment Policies

Guardian or "Parent", _____ of Student, _____ herein called "Student", and "Parent" signifies the Parents or Guardians responsible for Student. Upon execution and submission of enrollment forms, and the non-refundable registration fees, the student is accepted and enrolled at Bilingual Child Academy. Parent incurs obligation and the Parent shall owe the tuition for the entire time enrolled as services are rendered to Child. The School is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.

Tuition is due payable BEFORE services are rendered by Parent . Early payments will be accepted. Payment plans are available; please see the office for payment plan eligibility. BCA accepts ACH, cash, checks, and all major credit cards.

Late Payment fee may be assessed three (3) days after due date. To prevent any late payment fees, BCA recommends to keep an ACH account or credit card on file. All credit information is secure and private. You may also log in to the BCA Parent Portal to make payments online. Follow the link on the home page of our website for the Parent Portal login.

BCA reserves the right to un-enroll a Student or Parent/Family. At which time Parent will not be responsible for services NOT rendered, however maintains responsibility for service that were rendered.

Return Checks Policy

A \$35 processing fee will be charged for any returned checks. After this we will ask that you pay with cash or money order. Failure to reconcile returned items will result in late fees as well as possible delinquent account status.

Delinquent Accounts

If accounts are two weeks or more delinquent, the Center Director has the right to discontinue services. All unpaid accounts will be turned over to a collection agency. Parents will be notified prior to this procedure. Any balances left unsettled will be sent to a Collections Agency after 30 days.

Withdrawal Policy

If a family decides to withdraw from the program, a two weeks notice is required . Any parent failing to do so, will be charged their normal tuition rate for two weeks. All balances will be sent to Collections after 30 days of the last day the child attends the program.

Vacations, Holidays, or Absences

- BCA is a year-around program. When you enroll you are making a commitment to pay your normal tuition regardless of time of year. We do not close for Summer, the regular program continues year-around.
- You must continue to pay your normal tuition during holidays or other school closures. Please see our yearly calendar for closed days and plan appropriately.
- The center allows a 50% discount for 2 weeks vacation, during your anniversary year (after 6 months of active enrollment). You must notify the office a week in advance.
- If you plan to leave for an extended period of time, and you have given a two weeks notice, you will have to repay the \$150 Registration Fee and 2 weeks deposit in order to re-enroll.
-

Late Pickup Fees

Families may incur a late fee for late-pickups after center closing time. Frequent late pickups may result in dismissal from program. Fees are dependent on the center's current tuition schedule.

I, the "Parent", am the person responsible party for all tuitions and fees incurred by my child at the Bilingual Child Academy, and I understand the above Tuition & Payment policies.

Printed Name: _____ Family Name: _____

Driver's License #: _____ State: _____

Signature: _____ Date Signed: _____

Full Address: _____ City: _____ Zip: _____



Bilingual Child Academy Enrollment Forms

Discipline, Guidance, & Behavior Policy

We believe that children need limits in order to feel secure about themselves and their environment. The purpose of discipline & guidance is to help children learn acceptable behavior and develop self control. The basis for our Discipline Policy is an organized classroom and prepared staff members. At BILINGUAL CHILD ACADEMY we strive to develop a positive relationship between the teacher and the child. We also believe that if an interesting and challenging program is offered to the child, then discipline problems are at a minimum. If inappropriate behavior does occur, we begin with a positive approach.

Discipline and Guidance Policy for The Bilingual Child Academy

Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

From: Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

The following is considered unacceptable behavior by children:

- | | |
|--------------------------------------|--|
| Running / Screaming in the classroom | Leaving the area or group without permission |
| Becoming disruptive | Removing shoes or other articles of clothing |
| Throwing classroom furniture/toys | Using toys and materials inappropriately |
| Aggressive behavior | Biting |
| Abusive, or inappropriate language | Arguing with teachers or other children excessively |
| Lack of Cooperation | Behavior determined by the director to be unacceptable |
| Hurting their teacher | Spitting out food when older than infant/toddler |
| Hurting themselves or others | |

Infants & Young Toddlers are often an exceptions to many of these behaviors since they are in a stage of growth and development which prevents them from understanding right & wrong conduct. However even two year olds are expected to demonstrate appropriate behavior for their age.

The teacher has these prime responsibilities when dealing with inappropriate behavior:

- ✓ Redirection - Encourage child's good behavior and/or redirect his or her activity each time he/she misbehaves in a consistent manner.
- ✓ Removal from situation which is causing behavior
- ✓ Spend time in the "Safe Place" - Teacher cannot provide One-on-One care to child for more than 5 minutes.
- ✓ The teacher will try to help the child identify his/her unacceptable behavior and possible alternatives and understand consequences.

If the child continues the inappropriate behavior, and/or the teaching strategies are ineffective, the administration may call parents to pick-up child for the day. If the child's negative or disruptive behavior doesn't improve, the administration may deem it necessary to terminate services.

BILINGUAL CHILD ACADEMY expects parental involvement and cooperation in all aspects of discipline. Failure to comply can warrant termination. We reserve the right to discontinue service for any child/parent whose needs' we cannot meet. The key to effective discipline is consistency. We try to be as consistent as possible in all areas. We provide the child with a warm and loving atmosphere in which to grow and learn.

I understand the outlined Discipline & Guidance policies	Parent/Guardian Signature:
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Biting Policy

Biting is a common and possibly developmentally appropriate behavior in very young children for a short time period [especially from 12 months - 2 yrs.]. Generally children over the age of 3 have developed more appropriate ways to communicate. Experts in the field of child development report that biting occurs chiefly as a result of a child's incapacity to communicate. Children may become upset and frustrated by a new experience, and may bite as a response. While biting during the toddler years is developmentally appropriate, it is upsetting to parents and caregivers when it occurs, the goal is to replace the child's undesirable behavior with more effective way of communication and to ensure the health and safety of everyone in our program. The following is a plan of our preemptive strategies:

- o For infants and young toddlers, positive teething activities will be provided to comfort and soothe their gums.
- o When children bite out of frustration or anger, behavior will be redirected to some other activity and/or will be shown an alternate way to communicate what they want. We will encourage the use of language to express wants and needs.
- o Parents will be notified if their child is bitten at school. However in order to protect the privacy of all our families, parents will not be informed of the biter.
- o If a child bites frequently, staff will utilize a more intensive approach, which involves carefully observing the child to determine precipitating events and maintaining a log to help track the behavior. Conferences with parents may also be utilized to discuss the child's actions at home, search for outside resources, etc.
- o Biting incidents will be communicated to the parents of the biter to ensure staff and parents are working together to understand and prevent this behavior.

In order to ensure the safety of all children, and if all attempts to stop chronic biting fails, BCA reserves the right to remove the biting child from the program without notice. There is no magic number of bites that must occur before removal. Each biting situation and child is unique. As such, the administration will evaluate each occurrence with the intent to keep children enrolled for as long as possible.

<i>I understand the outlined Biting Policy</i>	Parent/Guardian Signature:
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Family & Parent Communication Guidelines

Communications between school and home are done primarily through:

- Daily reports received electronically to primary parent's email through our App / Parent portal,
- Direct Emails from school or teacher;
- Text messages;
- Verbally - although not documented in child's portfolio, if a teacher/administrator communicates any concerns directly to parents, this is considered an acceptable form of communication. If a behavior concern arises and is verbally communicated, parents should consider this as a formal warning of concern.

- ✓ Drop-off and Pick-up times are NOT Teacher Conference times. Please understand that teachers are engaged with the supervision of the entire class. Quick conversations are appropriate in order to communicate important information for the day. For in-depth conversations, please speak to an office administrator.
- ✓ At times, the child's parents or the school administration, may request a formal conference. Conferences between parent and school staff are expected to remain positive with the intent to improve the child's behavior and/or educational expectations.
- ✓ If at any time the PARENT or Guardian becomes irate, abusive, uses language/gestures unbecoming of BCA families' and/or threatens BCA staff, then Bilingual Child Academy reserves the right to ask adult to leave premises, with termination of services without notice.
- ✓ BCA would like to remind parents that every program and center is different. Although we strive to meet every families' needs, we understand that our center may not be a "fit" for everyone. If the vision for your child's education is different than that of BCA, we highly recommend you speak to a center Director. If we cannot come to an understanding, it is best to keep in mind that another center may be a better fit for your family.

Parents agree to keep contact information: Address, email & cell phone numbers current with our center in order to stay connected.

<i>I understand the outlined Parent Communication Guidelines</i>	Parent/Guardian Signature:
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Bilingual Child Academy Enrollment Forms

HEALTH & ILLNESS POLICY

We value your child's health and recognize the importance of preventing infectious diseases, particularly in a childcare setting. If any child in our care is diagnosed with any communicable disease, as specified by your center's state licensing agency, parents/guardians of the other children will be notified. If you would like additional information about reportable diseases in your state, please contact your Center Director.

Please do not send your child to school if he/she exhibits any of the following conditions and/or symptoms:

- Any reportable condition that the local health department or your child's physician has determined to be contagious including influenza and COVID-19. In this instance, your child may return upon receipt of a physician's or medical evaluation release note;
- **Any fever following these State Minimum Standards:**
 - ✓ Oral temperature of above 101 degrees and accompanied by behavior changes or other signs or symptoms of illness;
 - ✓ Rectal temperature of above 102 degrees and accompanied by behavior changes or other signs or symptoms of illness;
 - ✓ Armpit temperature of above 100 degrees and accompanied by behavior changes or other signs or symptoms of illness; or (an ear (tympanic) temperature 101 degrees and accompanied by behavior changes or other signs or symptoms of illness)

A child's normal temperature is 98.6°F (37°C).

Parents are required by the state to screen yourself and your child before going into a childcare center for any of the following new or worsening signs of Communicable diseases, COVID-19 and influenza:

- Fever
- Cough
- Shortness of breath/difficulty breathing Chills
- Muscle Pains Persistent headache Complaints of ear pain Undetermined rash
- Sore throat
- Loss of taste or smell
- Diarrhea, vomiting, abdominal cramping Nasal discharge that is green/yellow
- Eye discharge that is pussy or yellow, redness/pink burning & itching eye(s)
- Known close contact with a person who is confirmed with a communicable disease or COVID-19

***We do not have an on-campus Well program or a Nurse on staff. If your child is sick, they must remain at home.**

If any of these signs or symptoms appears while your child is at school, he or she will be kept separate from the group; and you will be contacted to arrange immediate pickup. If a parent cannot pickup a sick child within 45 minutes please arrange for an alternate pickup adult. In many cases, children will not be allowed to return until 24 hours have passed without symptoms.

BCA cannot keep a child in school if he/she has one or more of the following:

1. **FEVER, DEFINED AS ANY AUXILIARY TEMPERATURE OF 101 DEGREES FAHRENHEIT OR ABOVE.** A child sent home with a temperature of 101 or over must remain out of school until their temperature has remained normal (98.6) for 24 hours WITHOUT TYLENOL OR OTHER MEDICATION.
2. **VOMITING.** We will consider vomiting contagious and your child will be sent home after one occurrence. We require a Doctor's release or your child to have no more vomiting for 24 hours for them to return to school.
3. **CONJUNCTIVITIS (EYE INFECTION/ PINK EYE).** We will consider ALL eye drainage contagious unless otherwise diagnosed by a physician. A child with a contagious eye infection must be on medication for 24 hours before he/she can return to school.
4. **BRONCHITIS (TEMPERATURE PLUS DRY COUGH).** A child with symptoms of Bronchitis should see their Doctor and obtain a written release before returning to school.
5. **SEVERE COLD (GREEN, RUNNY NOSE AND/OR WET COUGH).** We will accept a child who has a clear runny nose without a fever, without Tylenol or other medication, without cough, and without other cold symptoms: but once the cold proceeds to the green runny nose stage your child can no longer



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be at the school. Your child may not return to the school until they no longer have a green runny nose or wet cough and their temperature is normal.

6. IMPETIGO OF THE SKIN (SKIN INFECTION). Needs Doctor's release to return.

7. RASHES (THAT HAVE NOT BEEN DIAGNOSED). Needs Doctor's release in order to attend school.

8. SEVERE DIARRHEA (WATERY, GREENISH, STINKY BOWEL MOVEMENTS). If your child has 3 loose, diarrhea stools you will be called to pick up your child. Their stools need to be normal for 24 hours before they return.

Note: Children on antibiotics are an exception. - If we send your child home with loose stools and your child returns the very next day, we will send your child home after one loose stool.

9. EAR & THROAT INFECTIONS. If we suspect your child to have an ear and/or throat infection symptoms would include tugging at the ear or difficulty swallowing. We will ask you to take your child to the Doctor for diagnosis. If an infection is diagnosed we will need a release from your Doctor before your child can return or 24 hours after medication has begun.

10. HEAD LICE. Although not a communicable disease, they do spread quickly in group care; Child may return to school when they are nit-free.

11. ANY CONTAGIOUS CHILDHOOD DISEASE BEFORE IT HAS COMPLETED ITS ISOLATION PERIOD

- * HAND FOOT & MOUTH DISEASE – School policy excludes children from school while sores are present. Blister like sores may be present in the mouth, hands and bottom of feet.
- * MEASLES – 4 days after rash appears
- * STREP THROAT – 48 hours after treatment has begun or Dr.'s release.
- * CHICKEN POX – Blisters must be dry, scabbed over.

12. OTHER UNFORESEEN ILLNESS (not listed)

- * If a child displays any of these symptoms throughout the school day, Parents will be called and must pickup within 1 hr.
- * Child cannot return to school the next day for 24 hours unless they have a Doctor's release

Before returning your child to our school, you will need to provide either of the following:

- * a written Dr.'s release with date child can return to school.
- * a normal temperature (98.6) for 24 hours without Tylenol or other medication.
- * have normal bowel movements for 24 hours.
- * clear or no nasal drainage
- * cough is within reason or controllable with medication.

The child may not return to school until he/she is symptom-free for 24 hours, unless there is a doctor's note stating the child may return sooner. If there are any lingering signs of illness, i.e. glassy/watery eyes, listless, and/or drowsiness, etc., please keep your child home an additional day. This will help to ensure that the illness has actually passed and that your child will be well enough to resume school activities. Their immune systems may still be weak and re-entering the school environment may re-trigger infection or sickness.

In the event that a FAMILY MEMBER living in the SAME household presents positive for a highly contagious communicable disease, we recommend for the child(ren) to stay at home as well as they may not have symptoms but be carriers of the illness and get other children/staff sick.

Thank you for your cooperation in helping us keep all of the children and staff healthy.

*I understand the outlined
Health & Illness Policy*

Parent/Guardian Signature:



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CHILD CARE WAIVER

Name of Student 1: _____ DOB: _____

Name of Student 2: _____ DOB: _____

Name of Student 3: _____ DOB: _____

I/We understand the content as described in the provided BCA Parent & Student Handbook as well as the Enrollment Paperwork. I/We understand that periodically the handbook may be updated. In which case we will be notified via email and the new handbook will be available on the school website and via email as a PDF link and we are responsible to read through new updates. I may request a hard copy of the handbook printed at any time from the office.

*I/We, the undersigned, are the parent(s)/guardian(s) of the above named child/children and we agree, in taking advantage of the child care service provided by Bilingual Child Academy [BCA], to release and hold harmless Bilingual Child Academy, its officers, agents, and employees, from any and all claims, demands, suits, costs, and charges, in connection with or arising out of the child care service, including, but not limited to, bodily harm or injury to our child; **except** only for loss, harms or injury occasioned by gross negligence or intentional misconduct by BCA and/or its officers, agents, and employees. I/We authorize BCA to administer, or cause to be administered, at my/our sole cost and expense, medical treatment and/or medication to the above name child/children in the event of any emergency.*

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize BCA or person in charge to take my child to the nearest emergency room, and I give my consent for any and all treatment for my child when the child is in the care of a physician.

Printed Name of Parent/ Legal Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

****** End of Enrollment Forms ******
Thank you for choosing Bilingual Child Academy

FOR OFFICE USE ONLY:

Admin initials:

<input type="checkbox"/> Add Family, Child, & Guardians to Child Pilot – send invitation	<input type="checkbox"/> Check for signatures on every page/area
<input type="checkbox"/> Add to Class Lists (excel), print new list for class	<input type="checkbox"/> Immunization Schedule – Add to Childpilot
<input type="checkbox"/> Add child to Allergy or Food preferences list	<input type="checkbox"/> Medical statement / 4 yrs. Hearing & Vision
<input type="checkbox"/> Billing: Registration, Supply, fee, Tuition	<input type="checkbox"/> Send Welcome Emails
<input type="checkbox"/> Update Classroom lists	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>