



2700 West Anderson Lane. Austin, TX.

## Application/Enrollment Form (Kinder and Up)

(This form is an attachment from the student's school enrollment contract)

Applying for Age Group: \_\_\_\_\_ Enrollment Date Desired: \_\_\_\_\_

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Date of Birth: \_\_\_\_\_ Child Current Age: \_\_\_\_\_

Hours in care (Circle One): Full-Time Part-Time: T-TH M-W-F

The Child Lives with: \_\_\_\_\_ Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Race:  American Indian/Alaskan Native  Asian  Black  
 Native Hawaiian/Pacific Islander  White  Other

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

[To be filled out by JDNI Administration: Student Start Day: \_\_\_\_\_]

### Family Information

Father's Full Name \_\_\_\_\_ SSN#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_ Business Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

Please provide E-mail Address: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_ Business Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

Please Provide E-mail Address: \_\_\_\_\_

Parents' Marital Status: \_\_\_\_\_ Parents' Education: \_\_\_\_\_

Who has Financial Responsibility for the Child? \_\_\_\_\_

Please list brothers and sisters and the schools they attend:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Applicant Information:

School(s) previously attended, if any \_\_\_\_\_

General Health of Child (Circle an Option):      Excellent      Good      Fair      Poor

Name of the Child's Physician/Address and Phone Number:  
\_\_\_\_\_

Name of the Child's Dentist/Address and Phone Number:  
\_\_\_\_\_

Please choose a few adjectives to describe your child: \_\_\_\_\_

How did you learn about Jardín de Niños Interlingua? \_\_\_\_\_

Jardín de Niños Interlingua, in admissions, employment, and access to programs, considers candidates on the basis of individual merit and without regard to race, color, religion, sex, national or ethnic origin, or other factors irrelevant to fruitful participation in the programs of Jardín de Niños Interlingua.



2700 West Anderson Lane. Austin, TX 78757

## Child Release Form

(For Authorized Pick-ups)

**Name of Child:** \_\_\_\_\_

I authorize the following individuals to pick up my child from Jardín de Niños Interlingua at **ANYTIME:**

*\*\*Include parents' names, fill out ALL pertaining information, and cross out any entire spaces not used\*\**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

I authorize the following individuals to pick up my child from Jardín de Niños **ONLY WHEN THEY HAVE WRITTEN CONSENT or I HAVE CALLED THE SHOOL:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

The following individual can be called in case of an **EMERGENCY** if I/we, the parents, cannot be reached. In addition, the following individual is authorized to **pick up** my child if I/we cannot be reached in the event that my child becomes sick or requires non-emergency medical care:  
(Choose one of the Options)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**-OR-**

I/We, \_\_\_\_\_, the parents of \_\_\_\_\_ is/are the **only authorized person/s** to pick up my child, and I/we certify that I/we will always be available to be contacted in case of an emergency.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)



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### Statement of Special Needs

Name of Child: \_\_\_\_\_

Does your child have any Allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

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Does your child have any Chronic Illness?  Yes  No

If yes, please explain: \_\_\_\_\_

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Does your child have any Disabilities?  Yes  No

If yes, please explain: \_\_\_\_\_

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Has your child had any previous serious illnesses, injuries, or hospitalizations during the last six months?  Yes  No

If yes, please explain: \_\_\_\_\_

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If your child has any other special needs, please describe them for us:

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\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed name)

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(Address, City, State, and Zip Code)



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### Child Wellness Statement

**IMPORTANT! -To be completed and signed by Child's Physician-**

Child's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

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Physician's Phone Number: \_\_\_\_\_

I, the undersigned, have examined the above-mentioned child in the last 12 months, and have found the child to be in good health and able to participate in all normal activities, including a day care program.

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Physician's Signature

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Date



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## Release and Liability Statement for On and Off-premises Activities and Field Trips

Jardin de Ninos Interlingua (JDNI), Limited Partnership, Jardin de Ninos Interlingua JDNI Management LLC, their agents and employees shall not be liable or responsible for and shall be held harmless by the undersigned from and against any and all claims and damages of every kind for injury or death of any person or persons and for damage to or loss of property arising out of or attributed directly or indirectly to the operations of the school or the performance of the school or its owner or employees in carrying out its day care functions and specifically including:

**CHECK ALL THAT APPLY:**

1. **TRANSPORTATION:** I Hereby  give  do not give- consent for my child to ride a bus.  
I Hereby  give  do not give- consent for my child to be transported and supervised by the operation's employee;  
for emergency care;  on field trips; to or from school.
2. **FIELD TRIPS:** I Herby give do not give – my consent for my child to participate in Field Trips.
3. **WATER ACTIVITIES:** I Hereby give do not give- my consent for my child to participate in Water Activities:  
sprinkler play; splashing/wading pools; swimming pool; water table play
4. **SIBLING REALEASE:** I Hereby give  do not give- Permission for my child to be released to the care of his/her sibling(s) under the age of 18 years old.  
Name of sibling(s) allowed to pick up my child: \_\_\_\_\_
5. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**  
I Acknowledge receipt of the facility's operational policies including those for discipline and guidance.

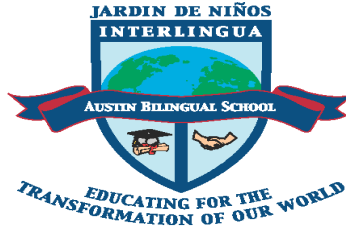
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- 1) Transportation to and from the school premises and while off premises for any school related activities. (A specific field trip permission form will be signed by parents for each field trip prior to any child leaving the school.)
- 2) Swimming or other water activities on or off premises. (A separate enrollment form will be given for swimming.)
- 3) Any other activity for which permission for the child's participation has been approved by a parent or guardian.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Emergency Medical and Liability Release Form

I, the undersigned, am the parent/legal guardian of \_\_\_\_\_,  
Who is enrolled at the Jardin de Ninos Interlingua.

By signing this document, I confirm that:

1. I wish to have my child registered in the program of the Jardin de Ninos Interlingua and to have him/her participate in any activities during the program;
2. I release the Jardin de Ninos Interlingua, its directors, teachers, employees and volunteers (AIS staff) assisting during the academic year from any liability in connection with my child's participation in any events and activities of the Jardin de Ninos Interlingua which includes, without limitation, any liability related to an accident, an injury or illness suffered by my child;
3. I authorize the Jardin de Niños Interlingua and persons associated therewith to consent to medical treatment for my child, to select the medical personnel, hospitals and/or clinics to treat my child in case of an accident, injury or illness that may occur;
4. In the event of an emergency, I authorize the Jardin de Ninos Interlingua to contact my child's doctor, to administer first aid, to take my child to a clinic or hospital (emergency room) or to take any other action deemed necessary by the school or its employees.

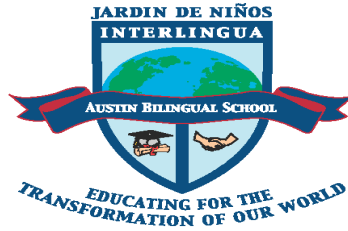
Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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## **Certification of Health and Immunization Record**

As stated in the Minimum Standards for Child Care Centers for the State of Texas, Documentation on file at Jardín de Niños Interlingua (JDNI) may be the original record or a photocopy of the record. An official immunization record generated from a state or local health authority, such as a registry, or a record received from school officials including a record from another state, is also acceptable.

- 1.-Child's name and birth date;
- 2.-The number of doses and vaccine type;
- 3.-The month, day and year the child received each vaccination; and
- 4.-The signature or stamp of the physician or other health care professional or who administered vaccine.

These records must always be up to date. Please sign below in agreement to maintain these records up to date:

### **Statement:**

I, \_\_\_\_\_, agree to bring the original or a copy of my child's original Immunizations Record every time my child receives a new Immunization or every 6 months, until the child's record is complete and in compliance with State regulations.

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Parent/Guardian Signature

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Date



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### Photographic Release Form

During our summer Language Immersion Camp and our academic school year, we may have activities at the “Jardin de Ninos Interlingua” which may include photographing, filming, sound recording, and/or videotaping your child. These activities may include but may not be limited to the following:

1. Photographs for newsletters, the school website\* and other publications by the school, its students, or its parents’ organization;
2. Marketing materials, public relations publications, such as brochures, advertisements or videotapes, by the school;
3. News media publications or brochures by professional or student journalists;
4. Teaching materials;
5. Photographs or videotaping made by a state agency, such as the Texas Department of Family and Protective Services (TDFPS) for their purposes.

\*These photographs would not include any close-ups of a child’s face, nor would they identify any child by name. They will include group photographs such as those we take in class or in the playground.

Please fill out and sign one of the forms below:

#### Permission

I hereby give permission for my child, \_\_\_\_\_, to be photographed, filmed, recorded, and/or videotaped as described above for the Summer Language Immersion Camp and/or the academic year for the duration of his/her enrollment at the Jardin de Ninos Interlingua.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

#### Refusal

I do not give permission for my child, \_\_\_\_\_, to be photographed, filmed, recorded, and/or videotaped as described above for the Summer Language Immersion Camp and/or the academic year for the duration of his/her enrollment at the Jardin de Ninos Interlingua.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

# Discipline and Guidance Policy for “Jardin de Niños Interlingua”

- ❖ 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.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy as well as the discipline code.

\_\_\_\_\_  
Signature Date

Check one please:

- parent     employee/caregiver     household member of child-care home

Dear Parents,

In order to insure that we have the proper information being E-mailed to you at the proper address (es), please complete this survey/chart and return it to the Office as soon as possible.

Most Sincerely,  
Adriana Rodriguez  
JDNI PRESIDENT

What school information would you like to receive, and at what address (es)?

Information	E-mail Addresses			
<input type="checkbox"/> Room Parent Information	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
<input type="checkbox"/> Health Alerts and Information	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
<input type="checkbox"/> Events	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
<input type="checkbox"/> E-vites	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
<input type="checkbox"/> Hot Lunch(Pizza Fridays)	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
<input type="checkbox"/> Individual Class Information	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
<input type="checkbox"/> Other	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			



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### **Day Care Uniforms**

Jardín de Niños Interlingua students (one-year-olds and up) must wear uniforms to our Day Care every day. White collared shirts and navy blue skirts, jumpers, shorts, pants, coats, and sweaters are required. Please do not purchase clothing with brand names showing. For footwear, bring white socks and black, white or dark blue rubber-soled shoes.

Jardín de Niños will be selling the smocks. They will be available to purchase at the daycare.

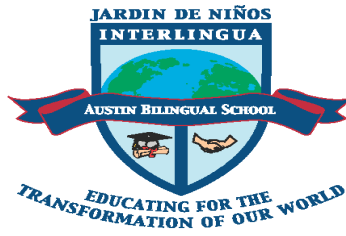
To assist parents in purchasing appropriately styled uniforms, we have chosen two companies to be suppliers of our uniforms: French Toast Clothing Company and Lands End.

To order from French Toast:  
Website: [www.frenchtoast.com](http://www.frenchtoast.com)  
Phone: 1-800-373-624

To order from Lands End:  
Website: [www.landsend.com](http://www.landsend.com)  
Phone: 1-800-469-2222

Please label **all** of your child's belongings: clothing, as well as backpacks, lunchboxes, hats, scarves, mittens, gloves, sweaters, etc.

Sincerely,  
Adriana Rodriguez  
JDNI PRESIDENT



2700 West Anderson Lane. Austin, TX. 78735

## JDNI AND TDFPS Nutrition Policies

I, the undersigned, understand that parents and/or guardians provide their own children's meals (whether brought from home or signed up for a hot lunch program from Kenneth Grover).

Parents provide an A.M. and P.M. snack for their children. Parents of infants are to provide all jar food, formula, and snacks necessary for the infant.

### **Please consider the following:**

- ✚ Sweetened beverages must be avoided.
- ✚ Solid food and fruit juices must not be served to infants younger than 6 months old.
- ✚ If juice is provided, it must be 100% juice, and must not be 4 ounces in one day.
- ✚ Children 4 years old and younger are not offered: hot dogs (whole or sliced); whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonfuls of peanut butter, chunks of raw carrot or meat larger than can be swallowed whole.
- ✚ Staff cuts foods into ¼-inch pieces for infants and ½-inch pieces for Toddlers.

Parent's Printed Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



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Austin, TX. 78757

## Parent Handbook Agreement

\*\*\*\*\*SIGN & RETURN\*\*\*\*\*

I, \_\_\_\_\_, have received a JDNI Parent Handbook. I have read and agree to all of JDNI policies. I have received all information on how to contact the local licensing office, PRS abuse hotline, and PRS website. My signature also verifies I have read and received a copy of JDNI Discipline and Guidance Policy (1-14 pages).

Name of child: \_\_\_\_\_ Name of parent: \_\_\_\_\_

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



I, \_\_\_\_\_, understand that I have been advised of JDNI play clothes agreement/soiled clothing policy and will send my child, \_\_\_\_\_, to school wearing play clothes.

**I also understand that all my child's belongings must be labeled with his/her name.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



I, \_\_\_\_\_, acknowledge the receipt of the JDNI Health, Illness & Exclusion Policy. My signature verifies that I have read the policy and will not request the JDNI staff to make exceptions regarding the policy. I agree that my family will cooperate with JDNI staff regarding my child, \_\_\_\_\_, being excluded from attendance, due to illness. I agree to provide a doctor's note to the JDNI staff per request and/or in compliance with the Health, Illness & Exclusion Policy, due to my child being ill. I agree to keep my child from attending per request of the JDNI Staff and in accordance to the JDNI Health, Illness & Exclusion Policy. **I agree that if I am called to pick my child up from JDNI due to illness, I will do so within one hour from the time that I am contacted by JDNI staff.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_