



2700 West Anderson Lane. Austin, TX 78757

Enrollment Form

Jardín de Niños Interlingua (JDNI) holds your child's well being in the highest regard. Once accepted into our program, every effort will be made to see that your child's transition will be a positive and successful one.

If a parent decides to leave our program, a **four-week notice** of termination of care must be given by means of the School's official Withdrawal Form. Jardín de Niños Interlingua (JDNI) reserves the right to not renew enrollment for any future period from our program if Jardín de Niños Interlingua (JDNI) staff determines that continued care is not for the best interest of the child or the program. A two week written notice will be given to parents should this occur. However, Jardín de Niños Interlingua (JDNI) realizes the responsibility it has for the care of all the students at our school and reserves the right to terminate this agreement immediately and will do so with prior notice if it is deemed necessary in our relationship. Please note that failure to fully complete this enrollment form may result in termination of care.

***There is a discount of \$75/month if two or more children in the same household are registered Full-Time. There is an annual registration fee of \$130 per family plus a \$130 student fee. All these fees are non-refundable.**

Signed, Parent and/ or Guardian _____ Date: _____

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.



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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 SCHOOL:**

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: _____

Does your child have any Chronic Illness? Yes No

If yes, please explain: _____

Does your child have any Disabilities? Yes No

If yes, please explain: _____

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

If yes, please explain: _____

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

(Signature of Parent or Guardian)

(Printed name)

(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: _____

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.

Physician's 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.

Parent/Guardian Signature

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

TDPRS-CCL

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
DIRECTOR

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

Jardin 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.

Jardin 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
Phone: 1-800-373-624

To order from Lands End:
Website: 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
DIRECTOR



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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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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 Fridays are cubby clean out day and I must take all clothing and linens home to be washed.

Parent's Signature: _____ Date: _____



I, _____, DO / do NOT give Jardín de Niños Interlingua permission to apply diaper ointment to my child as they feel necessary.

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: _____