The Spanish Advantage Club

Director: Elizabeth Isonhood

9615 East 59th Street Indianapolis, IN 46216 317-656-1757

info@thespanishadvantageclub.com

After School Registration Form

2022-2023

Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Student Information

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_/\_\_\_\_/\_\_\_\_\_ Sex\_\_\_\_\_\_

Day / Month / Year

Present Age\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-Digit Access Code to Pick Up Child \_\_\_\_\_\_\_\_\_

Attendance at T.S.A.C.

$75 Registration Fee

$85 Tuition Fee (5 Days)

$65 Tuition Fee (3 Days)

I will need my child to attend T.S.A.C. during holidays or when school Is cancelled due to bad weather:

YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

Extra-Curricular Activities

Please indicate below If you would like your child to participate in additional programs at The Spanish Advantage Club, (activities will vary according to season)

YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

Parent/Guardian Information (Authorized to Pick-Up Child)

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Work Hours (From \_\_-\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian #2 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Work Hours (From \_\_-\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian #3 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Work Hours (From \_\_-\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts (Authorized to Pick-Up Child)

Name #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Court Documents

Please provide any relevant court documents to The Spanish Advantage Club office.

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

YEARLY CLOSE DATES

T.S.A.C. is open every day and after-school is in session from August 4th to May 25th, except for the following holidays:

* Labor Day [Considered a full-week and full-week tuition Is due]
* Thanksgiving (November 22nd closed at 5pm, November 23rd-25th CLOSED) [Part-time fee of $45 due]
* Christmas (December 26th-December 30th)
* January 2nd [Considered a full-week and full-week tuition Is due]
* MLK Day (January 16th) [Considered a full-week and full-week tuition Is due]
* Presidents’ Day (February 20th) [Considered a full-week and full-week tuition Is due]

MEDICAL RELEASE & PERMISSION INFORMATION

Functions and Activities

It is my understanding that participating in the tutoring programs and recreational and other activities of The Spanish Advantage Club are a privilege. I acknowledge that I have spoken with my child about my child’s need to comply with the specific rules and requirements established by The Spanish Advantage Club’s policies and procedures; rules of conduct set forth by The Spanish Advantage Club; and state and federal regulations and laws. I understand that The Spanish Advantage Club rules and policies apply to my child and the other students. Prior to my child’s participation in such tutoring activities, I acknowledge that there could be certain risks associated with the activities, including by way of example, physical injury due to activity-related accidents. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I further acknowledge that The Spanish Advantage Club is not a daycare facility nor a school but rather a facility specifically providing tutoring to its participants.

Release of Liability

By signing this Permission/waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the tutoring and physical activities. I also expressly assume all risks of the child or me participating in the activities whether such risks are known or unknown to me at this time. I further release The Spanish Advantage Club and its owners, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them because of injury or illness incurred during the course of participation in the activities at The Spanish Advantage Club facility, in transportation by The Spanish Advantage Club vehicles and any Field Trips taken with The Spanish Advantage Club.

I further agree to indemnify and hold harmless The Spanish Advantage Club and its owners, leaders, employees, volunteers, and agents from any claims arising from my participation in its activities and program, or as result of injury or illness of my child during such activities. No medications will be administered to minors without written consent from legal guardians.

**\*\*** The Spanish Advantage Club is released of all liability concerning those who do not have medical coverage and cannot be responsible for payment of medical expenses incurred during activities. Individuals not having adequate medical coverage assume the risk of injury and all expenses related with the associated injury.

Parent Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

MEDICAL INFORMATION

Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child take any medication? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_

If so, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health History

Asthma \_\_\_\_ ADD/ADHD \_\_\_\_ Heart Disease \_\_\_\_ Diabetes \_\_\_\_ Other \_\_\_\_\_\_\_\_\_

Allergy Information

\_\_\_\_ Food allergies, Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Animals, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Bee stings.

\_\_\_\_ Trees, pollen, grass.

\_\_\_\_ Other**, please** list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to emergency medical authorization to provide transportation and medical treatment for my child when a parent cannot be contacted (will be kept on file).

Parent Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Additional Information

Please inform us of any relevant information on your child’s social, emotional, cognitive, and physical development: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRANSPORTATION RELEASE & PERMISSION INFORMATION

I also understand that; I may elect for The Spanish Advantage Club to provide transportation of my child to the tutoring facility from my child’s school.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this transportation may expose my child to some risks, and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation other than by negligence on behalf of The Spanish Advantage Club.

By signing this form, however, I hereby release The Spanish Advantage Club, its owners, administrators, directors, officers, tutors, employees, agents, assigns, and volunteers (“released parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son’s/daughter’s transportation conducted by The Spanish Advantage Club for any reasons other than negligence on behalf of the Spanish Advantage Club. This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student’s transportation by The Spanish Advantage Club. I hereby release and agree to hold harmless the Spanish Advantage Club, its officials, agents, and employees, from any claims arising out of my son’s/daughter’s transportation. I also agree to indemnify and hold harmless the released parties from the released claims, including all related costs, attorney fees, liabilities, settlements, and/or judgments.

ACKNOWLEDGMENT AND SIGNATURE

I confirm that I have carefully read this REGISTRATION FORM AND TRANSPORTATION RELEASE & PERMISSION INFORMATION and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child, or I am a student 18 years or older.

I have signed this REGISTRATION FORM AND TRANSPORTATION RELEASE & PERMISSION INFORMATION this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

This form has been read and is understood by me.

Parent Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The Spanish Advantage Club

Director: Elizabeth Isonhood

9615 East 59th Street Indianapolis, IN 46216 317-656-1757

info@thespanishadvantageclub.com

2022-2023

The Spanish Advantage Club Policies

Welcome to The Spanish Advantage Club. Please read our policies so that you will be familiar with them. As much as we love keeping your children, there are some basic guidelines we must ask everyone to follow so that our facility runs smoothly for everyone. With communication left open, we will always address any problems or concerns you may have with our program.

1. The regular hours for this program will be from 6:30 a.m. to 6:30 p.m. Monday through Friday. Breakfast, morning snack, lunch, afternoon snack and drink will be furnished. We understand that circumstances arise beyond your control and you may have to be late picking up your child from time to time. You are permitted one free late-pickup per month.

2. Daily program activities include homework time, reading, writing, vocabulary, games to encourage speaking, and movie time in Spanish.

3. If your child stays with us during a holiday week for day camp, an additional fee will be charged. We will offer an entire week of day camp for Spring Break, Fall Break, etc. based on the Lawrence Township school calendar.

4. We understand that circumstances arise beyond your control, and you may have to be late picking up your child from time to time. You are permitted one free late pick up per month. Following that, each time you are more than 10 minutes late by our clock, the late pick-up cost will be $10 for each 15 minutes you are late and is due when you pick up your child that evening.

5. If your child will not be attending the program on a given day, we ask that you notify us at (317) 656-1757 before 6:00 a.m. on that day.

6. Children in our program will be required to maintain appropriate behavior. Use of profanity, physical force toward others, disrespect toward staff and/or peers, stealing and/or disregard for the rules and policies of our program will not be tolerated. If a problem arises with your child and repeated efforts by The Spanish Advantage Club staff to correct the problem are unsuccessful, the parents will be consulted for assistance to help resolve the matter.

Discipline procedures used at The Spanish Advantage Club include time out, withdrawal of play activities, loss of privileges and writing apologies.

Violence from any student towards their classmates and or staff will not be tolerated In any respect and will be cause for Immediate permanent dismissal of the student.

7. Please inform us at 317-656-1757 or at info@thespanishadvantageclub.com if your child is sent home from school with any contagious condition, such as staph infection, head lice, ringworm, etc. For us to properly perform prevention methods, your help is needed in this area.

8. Tuition payments are due on the Friday before the week attending. There will be a $25 late fee accrued for each week the account is delinquent. You can make your payment either by check, credit card, using the “zelle/pay” method or pay online through our website at thespanishadvantageclub.com. If using “zelle/pay” you will need to register to do this by going to chase.com/zelle.

9. Tuition for three, four, and five-year-olds are $150 for a half-day week (6:30-12:30), and $200 for a full-day week (6:30-6:30). If your child Is not fully potty-trained, an additional $50 per student will be required until child Is fully potty-trained.

10. Students that do not complete a full year’s attendance per contract will be required to pay two weeks of tuition after departing The Spanish Advantage Club.

11. There will be a $30 charge required for all checks returned unpaid for any reason. Returned checks must be made good immediately. If the account becomes delinquent, late fees will be charged.

12. Pick up can only be made by an authorized parent or guardian. Parent or other designated person must sign out the child every day before he/she leaves the site.

13. Permission is granted for children to participate in extracurricular activities, whether on or off the childcare premises.

14. Prior to enrollment, updated physical, birth certificate, and vaccination records are required.

I have read all policies and guidelines concerning The Spanish Advantage Club. I understand there are NO EXCEPTIONS to these policies.

Parent Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The Spanish Advantage Club

Director: Elizabeth Isonhood

9615 East 59th Street Indianapolis, IN 46216 317-656-1757

info@thespanishadvantageclub.com

BUS PERMISSION SLIP

2022-2023

My child will be attending The Spanish Advantage Club after school tutoring. I give my permission for The Spanish Advantage Club to pick him/her up from school each day.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dismissal Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, call:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will call school and The Spanish Advantage Club when my child is NOT at school and does not need The Spanish Advantage Club’s services.

Parent Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_