



Mundo Pequeño Spanish Immersion Childcare Center

515-244-3906

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1922 SW 1st St Des Moines IA 50315

2018 Enrollment Packet

- Enrollment Application
- Enrollment & Tuition Agreement
- Children's Record and Registration Form
- Child's Personal Information Form
- Enrollment Authorization Form
- Emergency Authorization Form
- Registration Fee
- Tuition Deposit (2 weeks)

Also required:

- Child Care Immunization Record
- Health Care Summary
- Dental screening.

To Register:

- 1) Confirm space availability with the Director
- 2) If your start date is less than 3 months away, fill out the application packet in its entirety and return it to the Center along with the tuition deposit. If your start date is 3 months away or longer you may want to wait to submit the Child's Personal Information Form so that it is more current upon enrollment.
- 3) All registration materials including the Health Care Summary Form, Immunizations List, and the Registration Fee should be submitted at least one week in advance of your start date.



Enrollment Application

Please share with us how you heard of our Center?

Please describe what most interests you about enrolling your child at Mundo Pequeño Spanish Immersion Childcare Center(MPSICC)?

What benefits do you most hope your child will gain from becoming bilingual/ learning a second language?

MPSICC encourages family involvement and focuses on building a community of families who support a quality early childhood experience for all children in the Center. Are there any special talents you would be willing to share as a volunteer or by visiting the children's classroom at a convenient time?

Please circle any of the following activities you would be interested in participating in as a volunteer:

Field trip chaperone

Speak with prospective parents

Read with the children

Share about your career

Assist with family cultural nights

Volunteer in the classroom



Enrollment and Tuition Agreement

Child's Name: _____

Enrollment Options January 2018 6:30am – 6:00pm M-F

Tuition prices are assigned by age (infant: 0-24 mos.)\$_____.00, toddler (24-36 mos.)\$_____.00, & preschool (36 mos. to 5 yrs./PreK)\$_____.00

START DATE: Date child will begin attending Mundo Pequeño Spanish Immersion Childcare Center: _____ **REGULAR HOUR OF ARRIVAL:** My child will arrive at the Center at _____ am.

REGULAR HOUR OF PICK UP: My child will be picked up from the Center at _____ pm. You are welcome to use the center from 7:00-5:30 but we ask you to let us know if you will be regularly dropping off and picking up at set times so that we can ensure appropriate child/staff ratios at all times

- I plan to enroll my child year-round.
- I need summer care only.
- I do not need care in the summer.

MULTIPLE CHILDREN ENROLLED: If more than one child is enrolled in the center, tuition for the 2nd child will be discounted by 10%. (Discount will apply to the child with the lower rate of tuition.) The discount does not apply to other fees. Number and ages of children enrolled:

Requests for arranging **drop off/pick up on a public-school bus to/from a 4-year old program** must be made in advance and may not be possible if it causes undue hardship for staffing issues. Approvals will be made on a case by case basis.

Financial Policies

1. **Registration Fee: \$35/Child:** I (we) agree to pay Mundo Pequeño Spanish Immersion Childcare Center a non-refundable registration fee that covers the registration process and materials. This fee is due at the time of enrollment or noncontiguous re-enrollment and does not apply to tuition.
2. **Ongoing Tuition Payments:** I (we) agree to pay Mundo Pequeño Spanish Immersion Childcare Center ongoing tuition payments in advance of care in two-week increments. Tuition Due Dates are listed in the Parent Handbook. Payments are due the Friday that precedes the two-week period it will cover. The delay of receipt of an invoice should not prevent payment of tuition. Tuition is consistent and due dates are provided for the entire year.
3. **Other Fees:** I (we) understand that I may be assessed additional fees for field trips (\$15/may vary), late pick-ups (\$20), Insufficient funds/Returned payment (\$25). (See Parent Handbook for more detailed information on late pick-ups.)
4. **Vacation, Illness, Holidays, and School Closures:** I (we) understand that I am responsible to pay tuition regardless of illness, absence, school closure, and/or holidays. Tuition will not be adjusted for absences due to illness, school closure for holidays or due to weather conditions (approved holidays are listed in the Parent Handbook). If weather forces the closure of the Center, notice will be given via text no later than 6:00am. After one year of enrollment, families are eligible for one week of vacation without tuition by notifying the Director directly at least two weeks in advance.
5. **Withdrawing from Enrollment/Change of Enrollment:** I (we) understand that by signing this form that my child will be enrolled continuously for the schedule I choose until such a time I indicate a change of schedule or withdrawal. If I choose to change my schedule or withdraw my child(ren) from the Center, I will provide written notice 30-days in advance of the desired schedule date or the final date of attendance. An Enrollment Withdrawal Form is available at the end of this packet for you to retain.
6. I (we) understand that I will be notified of any **tuition rate adjustments** no later than October to take effect in January.
7. Mundo Pequeño Spanish Immersion Childcare Center reserves the right to terminate enrollment at will. Examples of potential situations that could result in suspension/disenrollment/termination include:
 - A child exhibiting unmanageable behavior;
 - A child with educational or medical needs for which the Center does not have the expertise or resources to manage;
 - If we feel we are unable to satisfy a family's expectations;

- If financial obligations are not met on a timely basis;
- If a family shows disrespect/disregard for any staff member, parent, or child;
**When possible, the Center will provide a two-week notice to parents, but reserves the right to issue an immediate or shorter notice of disenrollment as deemed necessary. In such a situation, the tuition deposit will not be refunded.

8. Along with the Enrollment Packet I have received a copy of the Mundo Pequeño Spanish Immersion Childcare Center's Parent Handbook and I agree to adhere to the policies and procedures contained within. I have read the conditions of this enrollment/tuition agreement, and I understand and accept each condition as a policy of Mundo Pequeño Spanish Immersion Childcare Center.

Signature of Parent: _____

Date: _____



Children's Record and Registration Form

Child's Name (First, Middle, Last) _____

Birth Date _____

Nickname _____ Female _____ Male _____

Child Lives with: _____ Both Parents _____ Mother _____ Father _____ Other Please describe: _____

Child's Home Address _____

City _____ State _____ ZIP _____

Home Phone _____

Email Address(es): _____

Parent Marital Status: Single _____ Married _____ Partnered _____ Separated _____ Divorced _____

Widowed _____

Parent/Guardian _____ Cell phone _____

Employer Name _____ Work Phone _____

Business Address _____ Occupation _____

The best way to reach Parent/Guardian while child is at the Center: _____

Parent/Guardian Cell phone Employer Name Work Phone Business Address/School

Occupation The best way to reach Parent/Guardian while child is at the Center: Name(s)

and telephone of other adults authorized to take child from the Center

1) _____

2) _____

Emergency Contacts (Name, Relationship, Phone, Address) – MUST BE FILLED OUT

COMPLETELY

1) _____

2) _____



Children's Personal Information Form

Child's Name: _____ Birth Date: _____ Date: _____

HEALTH INFORMATION

Name, address, and telephone of medical and dental care providers

MEDICAL _____

DENTAL _____

PREFERRED HOSPITAL _____

Has your child been seen by a medical specialist other than their regular MD? Please describe. _____

Is your child taking any medications now (including laxatives, vitamins, etc.)

Do you have concerns about your child's hearing or vision?

Does your child have any challenges (physical/other) or serious illness/disease?

Has your child had any serious accidents/poisonings/hospitalizations?

Has your child had any of the following: (Please circle)

3 or more ear infections in the last year

3 or more colds with fever in the last year

Premature birth birth injury/defect

Trouble breathing at birth

Convulsions/seizures

Head injury

Allergies: Eczema, hives, drug/food intolerance, hay fever, wheezing, asthma, insect stings
Please describe:

Please describe any other specific dietary, medical, or other individualized needs not
previously mentioned.

Have you made special arrangements for the care of your child should they become ill at
the Center?



ALL CHILDREN

Please describe your child's personality:

What are your child's favorite activities?

Does your child enjoy playing with others?

What are the primary and secondary languages spoken at home?

Does your child have previous experience in a group setting? Y / N, please describe:

Communication behaviors:

Please describe how your child responds to interaction with adults and other children and to being separated from parents:

How do you comfort your child? (Does your child have a special blanket, stuffed animal, or toy they use for comfort?)

Please describe any other special needs, fears, or concerns you have about your child that you would like us to know about:

Is there any information you would like us to know related to your child's/family's race, religion, home language, culture, or family structure?

What goals do you have for your child this year? (Social, Emotional, Physical)

Other children in the household (Name, Age, Relationship)

Other adults regularly in the household (Name, Age, Relationship)

Other important people in your child's life (Name, Age – if applicable, Relationship)



CHILDREN 36 MONTHS TO 5 YEARS

Please describe your child's habits related to: Eating: _____

Sleeping (naps – frequency and length): _____

Toileting (fully toilet trained? Needs help? Other?): _____

Dressing: _____

Are there any discipline techniques you use with your child that work well? _____

INFANTS AND TODDLERS 24-36 MONTHS

Do you have any special way of helping your child go to sleep? _____

Does your child cry when they go to sleep? _____

What is your child's current sleeping schedule? _____

Does your infant (2-15 months) prefer to sleep on their stomach, side, back? _____

Does your child use a pacifier? _____

Does your child need a blanket or toy to sleep? _____

Will your baby drink breast milk or formula at the Center & what kind of formula (if applicable) and bottle do you use? (Please fill out the infant feeding schedule form.) Has your child had any feeding problems? Please describe _____

If your baby (4-12months) is starting to eat solid food, what type of food, fruit and vegetable has your baby tried? _____

Do you use cloth or disposable diapers? Does your child experience diaper rash and how do you treat it? _____



Enrollment Authorization Form

for Emergency Care & Treating Minor Injuries or Accidents & Administer Over-the-Counter Products: I hereby authorize staff of Mundo Pequeño Spanish Immersion Childcare Center to administer medical treatment and/or first aid for any minor injury or accident while my child is in their care. In addition, I authorize the use of **diaper wipes, ointments, insect repellents, and sunscreen**. I give my permission for emergency care decisions to be made by Mundo Pequeño staff regarding my child in the event of any emergency. Please indicate if any of the above in bold is not authorized. Signature of Parent:

_____ Date: _____

Permission to Participate: I hereby grant permission for my child to participate in any and all of the Center activities and to use the play equipment to include all indoor and outdoor toys and equipment. Signature of Parent: _____ Date: _____

Field Trip Permission: I hereby give my permission for my child to participate in neighborhood walks, visits to the playground/library/park by means of walking. I give my permission for field trips requiring transportation in a chartered vehicle and must sign an additional and specific permission slip for my child to attend an event, function, or to leave the premises on a chartered vehicle. I reserve the right to decline my child's participation in any excursion off the premises. Signature of Parent:

_____ Date: _____

Child Protection Service Acknowledgment: In the event that Mundo Pequeño Spanish Immersion Childcare Center has reason to suspect the occurrence of physical, sexual, or emotional abuse, neglect or exploitation of a child, we will, as required by Iowa Law, report the incident immediately by telephone to the Child Protective Services and/or the appropriate authorities. Signature of Parent:

_____ Date: _____

Persistent Unacceptable Behavior and Termination of Care Policies: I have read and understand the Center's policies on persistent unacceptable behavior and termination of care.

Signature of Parent: _____ Date: _____

Providing updates to the Center when enrollment information changes: I understand that I am responsible to provide updates to the Center if any information in the Enrollment Materials needs to be updated, including a health care summary and immunizations at 33 months and following well-child visits, address/contact info, emergency contact, persons authorized for pick up, medical information etc.

Signature of Parent: _____ Date: _____

Use of children's images & Publicity Participation: Permission is given for my child's image to be captured (photos/short video clips) during center activities. Images will only be used internally among our community of families/within our Center. I understand that the use of any image that shows my child's face that the Center may wish to use for promotion on the Center's website, social media, or elsewhere externally **WILL NOT** be used without additional written notification that includes the image to be used, explains the intended use, and gives the parent an opportunity to opt out. Any image used internally or externally will not include any child's name and will remain anonymous. I relinquish all rights, title, and interest in the images.

Signature of Parent: _____ Date: _____



Emergency Authorization Form

Child's Name (First, Middle, Last) _____ Birth date _____

Child's Mother/Guardian _____ Daytime phone _____

Child's Father/Guardian _____ Daytime phone _____

Emergency Contacts (Name, Relationship, Phone, Address – must be included.)

1) _____

2) _____

DOCTOR _____

DENTIST _____

PREFERRED HOSPITAL _____

MEDICAL INSURANCE COMPANY _____

Last DPT : _____

Weight: _____

Allergies or other significant medical information including medications (Write on back if necessary): _____

I give permission to Mundo Pequeño Spanish Immersion Childcare Center to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of their Center. In case of medical emergency, I understand that my child will be transported to appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. I understand that in some medical situations it may be necessary to contact the emergency resource before the parent.

Parent Signature: _____ Date signed: _____



Notice of Withdrawal from Enrollment

Child's Name: _____

_____ My child is starting kindergarten in the fall.

_____ Other reason for withdrawing from enrollment: _____

My child will withdraw from enrollment with Mundo Pequeño Spanish Immersion Childcare Center .

Today's Date: (must be 30 days in advance of final date of attendance): _____

The final date of attendance will be: Amount of Tuition Deposit: _____

My 2-week tuition deposit will be applied to the following last two weeks of care: Signature of

Parent: _____ Date: _____