

# ISLA's Compañeros School Care by Mis Amigos

## Registration Form

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's name (print) \_\_\_\_\_

### Indicate the days you will use:

Monday  Tuesday  Wednesday  Thursday  Friday

### Indicate ALL components you will use:

Before School (7:00 am - Start of school day)  Kindergarten (non-school time)

After School (End of school day - 6:00 pm)

### Indicate the non-school days (7:00-6:00 pm) you will use:

#### MEA Weekend

Thursday, October 15  Friday, October 16

#### Parent/Teacher Conferences

Monday, November 23  Tuesday, November 24

#### Winter Break

Monday, December 21  Tuesday, December 22  
 Monday, December 28  Tuesday, December 29  Wednesday, December 30

#### Winter Holidays

Monday, January 18  Monday, February 15

#### Spring Break

Monday, March 29  Tuesday, March 30  Wednesday, March 31  
 Thursday, April 1  Friday, April 2

#### Parent/Teacher Conferences

Thursday, May 6  Friday, May 7

**\*\*\*PLEASE COPY CONTRACT FOR YOUR RECORDS\*\*\***

### By signing this contract for services, I agree to the following:

1. I understand that my child cannot begin *ISLA Compañeros School Care by Mis Amigos (Compañeros)* until I receive written or oral confirmation from the Mis Amigos main office. Compañeros reserves the right to not accept or process any registration for up to 5 business days prior to and after the start of any session.

2. I agree to pay the following fees and provide the required schedule change notification as follows:

**Registration Fee:** \$25.

**Late Pick up Fee:** \$1 per minute after the 6:00 pm closing time. Enrollment may be terminated for consistent lateness.

**Late Payment Fee:** \$10 per month for invoices that are not paid for any reason. Enrollment may be terminated for repeated non-paid invoices.

**Schedule Changes/Cancellation:**

Type of Change	Fee	Required notice to Mis Amigos Main Office
School Day: Schedule Changes & Program cancellation	\$15 per schedule change <i>(cannot cancel individual school days for credit)</i>	<b>5 business days prior to the effective date.</b> Parent will receive an email confirmation along with a revised account statement reflecting the new tuition fees.
Non School Day: Additions (after initial contract is processed)	No fee, daily cost is \$40	Not required, please arrange time needed with the Mis Amigos Main office.
Non School Day: Cancellations	\$15 each time requested (can cancel as many days as desired per request)	With 10 business days or more notice, credit will be given after fee is applied. Without 10 business days notice, <b>no credit is given.</b>

3. **Absences:**

**NO REDUCTIONS WILL BE MADE FOR ABSENCES.**

4. **Adding Days/Extra Time:**

I understand that occasionally I may need to use the services of Compañeros on days not designated in this contract (Extra Time). This time should be scheduled directly with the Mis Amigos main office ([info@misamigospreschool.com](mailto:info@misamigospreschool.com) or 952-935-5588). Please note that any extra days needed are granted on a space available basis only. I agree that I may not send my child to Compañeros without the prior approval of the main office. Payment for "Extra Time" is due with your next tuition payment. Any change or cancellation in your Extra Time reservation will require a 5 business day written notice to the Mis Amigos main office.

5. **Publicity:**

I give permission for my child to be included in publicity for Compañeros. I understand that if my child's likeness is used in any public format (brochure, website, etc.) I will be notified first and have the option to decline.

6. **Exchange of Information:**

I give my consent to an exchange of information between my child's Compañeros staff and other ISLA professional staff whenever it would be beneficial to my child.

7. **Medical Emergencies:**

I understand that in some medical situations, the staff will need to contact the local emergency resources before the parent and/or another adult acting on the parent's behalf. I give my permission to Compañeros to make whatever emergency (i.e. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the Compañeros staff. In case of a medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local emergency resource deems it necessary. I will be responsible for the cost of the transportation.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Please include a check for \$25 registration fee made payable to "Mis Amigos".

For Office Use

\_\_\_\_\_ Date received (with fee)

\_\_\_\_\_ Amount

\_\_\_\_\_ Check number