



Please return the completed and signed form by email to info@aventurasne.com.

Child's Name: \_\_\_\_\_ Child's Preferred Name: \_\_\_\_\_
Child's Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Language(s) usually spoken in the home: \_\_\_\_\_

Parent or Guardian #1

Parent or Guardian #2

Name: \_\_\_\_\_
Address (if different from child's): \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Phone: \_\_\_\_\_
Drivers License # \_\_\_\_\_ State \_\_\_\_\_
Email: \_\_\_\_\_
Employer: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Phone: \_\_\_\_\_
Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_
Address (if different from child's): \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Phone: \_\_\_\_\_
Drivers License # \_\_\_\_\_ State \_\_\_\_\_
Email: \_\_\_\_\_
Employer: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Phone: \_\_\_\_\_
Relationship to Child: \_\_\_\_\_

Please list name(s) and age(s) of all other children living in the home:

People Authorized to Pick-Up Child: (Parents/Guardians listed above are authorized to pick-up and need not be listed here.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contacts: (Must also be authorized to pick-up child in case of an emergency.)

Name: \_\_\_\_\_ Address (w/City): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
Name: \_\_\_\_\_ Address (w/City): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please indicate for which 2023 Summer Camp you are enrolling. Camps are held at Iglesia de Dios at 8000 A Street from 9:00am-4:00pm for 5-12 year olds. Cost per week is \$255 plus a one time \$40 enrollment fee. Before care from 7:30am-9:00am can be added for \$55/week and After care from 4:00pm-6:00pm can be added for \$72/week.

[ ] Week 1: June 26-30th

[ ] Week 3: July 17-21st

[ ] Week 2: July 10-14th

[ ] Week 4: July 24-28th

Current health status or any health problems school should know: \_\_\_\_\_

Medication, if any: \_\_\_\_\_

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor: \_\_\_\_\_

Special Needs: (Glasses, Hearing Aid, Crutches) \_\_\_\_\_

Any activities child should NOT engage in: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Aventuras? Please check all that apply.

- Website
- Facebook
- Google
- Drove by
- Referred by a friend: \_\_\_\_\_
- Other: (please specify) \_\_\_\_\_

For office use:

Date of Enrollment: \_\_\_\_\_ Orientation completed: \_\_\_\_\_ By: \_\_\_\_\_ Date care ceased: \_\_\_\_\_

**ENROLLMENT AGREEMENT**

On behalf of myself, my spouse (if applicable) and the child listed on this enrollment form, I enter in to this Enrollment Agreement ("Agreement") with Aventuras - Spanish Immersion Program for Young Children LLC ("Aventuras"), a Nebraska Limited Liability Corporation, regarding the provision of Spanish language program instruction.

1. This agreement, including the enrollment form and enrollment agreement will be kept on file at Aventuras. Parents/guardians must notify Aventuras in writing at least thirty (30) days before termination. Notice provided less than thirty days prior to termination incurs tuition up through the thirtieth (30th) day after termination is received in writing.
2. Tuition is due monthly on the first day of every month. There will be a \$30 fee for returned payment to be paid within five (5) business days of return.
3. There are no deductions or refunds for absence, illness, holidays or weather closures.
4. My child has no medical, psychological, physical or mental condition which has not been disclosed to Aventuras on the attached enrollment form. My child does not have any infections, contagious or communicable diseases. I understand that immunization verification is required for attendance.
5. In the event my child becomes ill with a contagious illness after visiting Aventuras, I agree to notify Aventuras as soon as possible so we can, in our discretion, notify each family of the children who may have been exposed. I agree to follow Lincoln/Lancaster County Directed Health Measures and any additional health measures required by Aventuras for my child to remain in class.
6. I understand that while Aventuras provides a safe environment, it is possible my child could get injured. In such an event, I authorize Aventuras to follow its internal procedures, including simple first aid when reasonably appropriate; however, I understand Aventuras shall not be required to strictly follow those guidelines when, in its judgment, circumstances may require otherwise.
7. In the event of an emergency where Aventuras determines that medical attention is necessary for my child, I authorize Aventuras and their staff to make such arrangements, as necessary. I authorize the hospital/physician/dentist to perform necessary procedures. I authorize my child to be treated at the closest hospital, if necessary. I understand the cost of medical attention and ambulance are the responsibility of the parent/guardian.
8. I agree that Aventuras may take action which it considers prudent to protect the safety of my child and other children at Aventuras. I further agree to indemnify, defend and hold Aventuras (and its owners, officers, directors, agents and employees) harmless from and against all actions, claims, or liability, including attorney fees and court costs, directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing the enrollment form, the agreement or any other form.
9. Aventuras reserves the right to terminate services without liability whenever the needs of the child cannot be met and to refuse admission to any child for any reason without liability.

I agree to pay all costs and attorney fees arising out of any action relating to this Agreement, the Enrollment form or the Release for collection purposes or otherwise.

I HAVE READ THE AGREEMENT CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT AVENTURAS WILL RELY ON THIS INFORMATION IN CARING FOR MY CHILD.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**RELEASE:**

Aventuras, as a State of Nebraska licensed Preschool, provides a fun and safe environment for children. However, in any child care program, injuries may occur. In order for Aventuras to provide services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, Aventuras is requesting that you sign this release. I, on behalf of myself, my spouse and my child designated on this Enrollment Agreement, waive and release all rights, causes of action and claims against Aventuras and their officers, directors, agents and employees for any and all loss of or damage to property or injuries suffered by my child during the time my child is visiting Aventuras, including possible negligence of Aventuras but excluding gross negligence and intentional misconduct. I understand that the provision of childcare contains risk of injury to persons and damage to property and that by signing this release I engage Aventuras to provide temporary care for my child at my own risk. I represent that I am authorized to sign this release on behalf of the child listed. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of Aventuras and the Release, including but not limited to future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by Aventuras other than those contained in the written information supplied to me by Aventuras. I understand that this Release will be kept on file at Aventuras and will continue in effect through termination of this enrollment contract.

I HAVE READ THE RELEASE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PHOTO RELEASE:**

I, the undersigned, hereby authorize Aventuras to use without limitation as to time, method or reproduction, photographs produced from my child's participation in activities at Aventuras for publication, exhibits, promotions, Aventuras web pages and other marketing media approved by Aventuras.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date