



Spanish Immersion Preschool and Afterschool Classes

Parent/Child Agreement of Lengua Viva Policy

Date: _____

As the parent(s)/guardian of _____, I

_____, and

(printed name of guardian 1)

_____ have read,

(printed name of guardian 2)

understand, and agree to the Lengua Viva policies. I also agree that my child will not commence instruction prior to completion of this form.

Signature Guardian 1

Signature Guardian 2

Emergency Information Form

Please Print Clearly

Child Information

Date_____

LastName_____FirstName_____Phone_____

Male ___ Female ___ Date of Birth_____

School_____Grade_____

Address_____

City_____Zip_____

GUARDIAN 1

Name_____Relationship_____

Home Telephone_____Work

Phone_____

Pager/Cell_____

Address(if different from child)

_____City_____Zip_____

Email_____

GUARDIAN 2

Name_____Relationship_____

Home Telephone_____Work

Phone_____

Pager/Cell_____

Address(if different from child)

_____City_____Zip_____

Email_____

INFORMATION REGARDING YOUR CHILD

Allergies_____

Special health information or concerns regarding your child:

EMERGENCY INFORMATION

Person or persons who will be contacted in case of emergency if you cannot be reached. Please make sure these people are aware that they are listed as emergency contacts.

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Child's

Physician_____Telephone_____

Medical Insurance Carrier_____Medical Plan

Number_____

If personal doctor cannot be reached, what action should we take?

_____ Transport to nearest emergency facility

Other: _____

Name of persons authorized to take child from facility:

Name_____Telephone_____Relationship_____

Name_____Telephone_____Relationship_____

Name_____Telephone_____Relationship_____

Please answer the following questions:

1. How did you hear about Lengua Viva?

2. Why have you chosen Lengua Viva for your child? Please explain:

CONSENT TO TREAT

I, the undersigned parent/legal guardian of _____, a minor, do hereby authorize and consent to any X-ray, examination, anesthetic, medical, or surgical procedure rendered under the general or specific supervision of any member of the medical staff and any emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute care general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by the above named minor(s) and is given to provide authority to transport by emergency vehicle and power to render care, which the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood that effort should be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatment will not be withheld if the undersigned cannot be reached. Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature _____

Date _____

FIELD TRIP CONSENT FORM

Parental Consent (to be completed and signed by parent/guardian of child)

I hereby consent that my son/daughter _____ participate in the Lengua Viva field trips (PUD park, Kids Zone, Safeway) I understand that those activity may include walking, parent transportation, a wide variety of outdoor games, sport and activities. I state that said minor(s) is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I have read this Consent form and understand its contents. I am aware that this is a release of liability and a contract between Lengua Viva and I, and I sign it of my free will.

Signature _____ **Date** _____

PHOTO CONSENT FORM

_____ Yes, Lengua Viva has our permission to use pictures of my child(ren) on the website and share pictures with other parent in the program.

_____ No, please do not use pictures of my child(ren).

This contract can be cancel by children care provider or parent with written notice.

The Parent agrees: _____ **Date:** _____
Signature

The Provider agrees: _____ **Date:** _____
Signature