



colorespreschool.com • 512-740-7645 • info@colorespreschool.com
908 Old Koenig Lane • Austin, TX 78756

ENROLLMENT FORM

Student's Name: _____

Student's Date of Birth: _____ Student's Gender: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____ Profession: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Parent/Guardian's Name: _____ Profession: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Other Children: (list names, birthdates and gender)

Desired days of enrollment: _____

Desired first day of enrollment: _____

People other than parents who may pick student up (please include full address & phone):

1.Name: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

2.Name: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

3.Name: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list any known allergies to foods, medications, insects, etc:

Please list any sensitivities or dietary restrictions:

Please list any medications taken regularly by your child:

What else would you like us to know about your child?

Student's Physician: _____

Physician's Phone Number: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____

People other than parents to notify in case of emergency (please include full address & phone):

1. Name: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

Permission to Seek Medical Attention

I grant to the teachers of Colores Preschool power to consent to the emergency treatment or hospitalization (including anesthesia) for the child in my absence. In the event of an emergency, Colores Preschool teachers will attempt to notify me, but if I cannot be immediately reached by telephone, medical treatment deemed necessary by medical personnel will be authorized. I understand that there is no accident or medical insurance provided for the child by Colores Preschool, and I will be solely financially responsible for all medical costs for the child.

Parent/Guardian's Signature: _____ Date _____

Permission to Photograph

Colores Preschool teachers photograph students' activities for the purposes of sharing such images with parents electronically, including on Colores Preschool's blog. I consent for Colores Preschool teachers to take digital images of my child and for the pictures to be published by Colores Preschool on its website, blog or marketing materials.

Parent/Guardian's Signature: _____ Date _____

Permission to Include in Family Directory

In the interest of building community, we would like the following information to be shared with other families in the Colores Preschool community. Please indicate which information you consent to share and publish in the Family Directory:

Student's name

Parents' names

Family's address

Family's phone number

Siblings' names

Parent/Guardian's Signature: _____ Date _____

Enrollment Agreement

Colores Spanish Immersion Preschool agrees to accept _____, ("Student") for enrollment. In consideration thereof, the undersigned ("Parent") agrees to the terms contained in this Contract:

x Parent agrees to the monthly tuition and fee amounts as published on the Colores Preschool website: www.colorespreschool.com. Parent acknowledges that the amount of tuition and fees vary according to the chosen schedule of attendance, and that drop-in day fees are in addition to the monthly tuition. This contract is for the following enrollment:

9 a.m. to 1 p.m.: Tuesday Wednesday Thursday

x The non-refundable enrollment fee and non-refundable supply fee are due at the time the Enrollment Contract is signed.

x The tuition deposit (equal to half of one month's tuition) is due at the time the Enrollment Contract is signed. The tuition deposit will be applied to the student's final month of enrollment.

x Monthly tuition is payable on the 1st day of the month each month the student is enrolled at Colores Preschool.

x While it is our desire to embrace everyone, Colores Preschool reserves the right to dis-enroll a student if Colores Preschool determines, in its sole discretion, that the continued attendance of the student is not in the best interest of the school community.

x Parent agrees to give one month notification to the school of their desire to withdraw their child.

Parent/Guardian's Signature: _____ Date _____

Waiver and Release of Liability

I, _____, the parent or legal guardian of _____, (child) understand that there are risks involved in participating in this program; and, so that my child may participate in the activities of Colores Preschool agree to the following:

1. I acknowledge that the risk to my child from exposure to the novel coronavirus includes the potential for serious illness, permanent disability and death. I agree that it is my responsibility to consult with the child’s doctor to ascertain if the child is able to attend Colores Preschool and undergo the inevitable risk of exposure to the novel coronavirus inherent to gathering in small groups. I agree to engage truthfully and abide by the daily screening processes, as well as the risk assessment and risk reduction protocols for the novel coronavirus as implemented by Colores Preschool. I acknowledge that rules, procedures and personal protective equipment may reduce but not eliminate this risk. There may be other risks not known or reasonably foreseeable at this time.

2. I, for myself, and on behalf of my spouse, my child, our heirs, assigns, personal representatives and next of kin, indemnify, release and hold harmless Colores Spanish Immersion Preschool, its directors, officers, officials, agents, employees, and volunteers, and if applicable, owners and lessors of premises used to conduct the event, Koenig Lane Christian Church (Releasees), with respect to any and all liability, claim, and demands for injury, disability, death, loss and damage to person or property, incident to my child's participation in this program, even if arising from the Releasees' negligence, to the fullest extent permitted by law.

3. I further agree that if, despite this Waiver and Release of Liability, I, or anyone on my or my spouse’s, my child’s, or on behalf of my/our heirs, assigns, personal representatives’ or next of kin’s behalf, makes a claim against the Releasees incident to the child’s participation in this program, I will indemnify, save and hold harmless the Releasees from all litigation expenses, attorney fees, loss, liability, damage, or costs which may be incurred as the result of such claim.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent/Guardian’s Signature: _____ Date _____