

# ISLA ESMERALDA IMMERSION PROGRAM

## REGISTRATION FORM

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ Youth T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_ Grade attended 2015-2016: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/guardian 1 name: \_\_\_\_\_ email: \_\_\_\_\_

(Include area code) daytime phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Parent/guardian 2 name: \_\_\_\_\_ email: \_\_\_\_\_

(Include area code) daytime phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Persons Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

**Lunch:** Lunch is prepared daily as part of the program. If you prefer to send your child's lunch, please be sure that your child's lunch is clearly marked with your child's first and last name. Refrigerators will be available for your child to store his/her lunch. Glass bottles/containers are not allowed.

**Registration:** Fee for one session is \$400. A deposit of 25% (\$100) must be received 60 days before the first day of the session the child will attend. The balance is to be paid 30 days before the first day of the session. A \$25 discount will be given if full payment is made before the deposit due date. Unfortunately, we cannot provide make-ups or refunds for any days missed for any reason. Please do your best to come to **Isla Esmeralda** every day

<b>Session I</b>	June 6-10	<b>Drop off and pick up times</b>	8:30AM – 5PM	<b>Fee:</b> \$400/week
<b>Session II</b>	June 13-17	<b>Drop off and pick up times</b>	8:30AM – 5PM	<b>Fee:</b> \$400/week
<b>Session III</b>	June 20-24	<b>Drop off and pick up times</b>	8:30AM – 5PM	<b>Fee:</b> \$400/week

Payment: to **World Languages Consulting** by check or pay pal as a guest

**For more information**, contact Dr. Karen Sánchez, Director  
Email: Karen@immersionbytheseaNC.org

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REQUIRES PARENT/GUARDIAN'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

Who is financially responsible for the student? \_\_\_\_\_

I hereby give permission to **Isla Esmeralda** to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (child's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Isla Esmeralda** including but not limited to all aspects of soccer, volleyball, and dance. I am fully aware that any activity involving motion or athletic activity creates the possibility of injury. I hereby release **Isla Esmeralda, its employees, its staff and the owner of the premises occupied by Isla Esmeralda** from liability to the above named child, of the person claiming through him/her, arising from injury to the person or property of the above named child occurring in the premises occupied by **Isla Esmeralda**, including any event sponsored or sanctioned by **Isla Esmeralda**, and/or travel to and from such activities.

No child will be denied admittance on the basis of race, creed, religion, national origin or gender. I understand that **Isla Esmeralda** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate behavior and that **Isla Esmeralda** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_