



International Learning Center

Enrollment Checklist

Welcome to Bambinos! To provide you and your family with the best services, we need the following information at enrollment:

- Service Agreement
- Enrollment Form with Copies of Photo ID
- Medical Information and Consent to Medical Care
- Transportation/Walking Authorizations
- Immunization Form

This Facility participates in the USDA Child care food program. The following forms must be complete filled prior to enrollment.

- USDA Food Program/Income Eligibility Form (per family)
- USDA Food Program Enrollment Form (per family)
- USDA Food Program Medical Statement for food Substitution
 - Per child, if the child has any food allergies or food preferences.
- CACFP Infant Feeding Benefit Notification and Acknowledgement
 - Per child, only infants (4 weeks – 12 months)

The following information is available on our website, or please request a copy:

- Tuition Schedule
- Parent Handbook
- Crisis and Disaster Handbook

You can find us on the web at: www.bambinoslearningcenter.com. You can access our newsletters, upcoming events, and lots of other useful information.

Thank you so much for your interest in Bambinos, we look forward to serving you and your family soon!

Sincerely,

Lorena Lowell, President

Bambinos International Learning Center
220 Clearwater Lane Hood River, OR 97031
bambinoshr@gorge.net
(541) 386 – 2005 Phone
(541) 387 -5400 Fax



International Learning Center

Service Agreement

Name of Child: _____ Date entered Care: _____
(First, Middle, Last)

Birthdate: _____ Nickname: _____ Age at Entry: _____

Parent's or Guardian's Name: _____
(First, Middle, Last)

I hereby enroll and agree to pay for my child's schedule and programs as listed below. I understand that I am reserving this space for my child, agree to pay the fees set forth below for that space and understand that I will not receive a refund when my child misses a day (i.e. for illness, vacation, etc.).

I understand that this agreement incorporates, and is subject to, the policies and procedures of Hood River Learning Center, LLC, d/b/a Bambinos International Learning Center, including all terms and conditions outlined in the Payment Policy, Crisis and Disaster Handbook and the Parent Handbook.

Classroom: (circle)	Infant	Toddler	Preschool	Kindergarten	After-School	
Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Arrival						
Departure						

Programs/Fees:	Cost: (to be filled in with Office personnel)
Educational Program	
Child Care	
Other Services	
Transportation Fee	
Activity Fee	\$25.00
School Year Enrollment Fee	\$100.00

 Parent or Guardian Signature

 Date



International Learning Center

Enrollment Form

Name of Child: _____ Date entered Care: _____

(First, Middle, Last)

Birthdate: _____ Nickname: _____ Age at Entry: _____

Allergy Alert: Does your child have allergies? Yes ___ No ___ To What? _____

Parent(s) or Guardian(s) Contact Information:

Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

Employer/worksite/hours: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

Employer/worksite/hours: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Other children in the household:

Name/Nickname of child: _____ Age: _____ Sex: _____

Name/Nickname of child: _____ Age: _____ Sex: _____

Name/Nickname of child: _____ Age: _____ Sex: _____

Name/Nickname of child: _____ Age: _____ Sex: _____

We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people are also authorized to pick up your child from the facility. Please list all phone numbers appropriate: (These people will need to show photo ID before they will be allowed to pick up your child.)

Name: _____ Relationship: _____

Phone: _____ / _____ / _____

Name: _____ Relationship: _____

Phone: _____ / _____ / _____

Name: _____ Relationship: _____

Phone: _____ / _____ / _____

Other people authorized to pick up child in non-emergency situations:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child? _____

If yes please list his/her name and attach the required documentation.

Name Relationship to the child _____

Are there custody arrangements we need to be aware of _____



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Medical Provider: _____ Phone: _____

Child's Dentist: _____ Phone: _____

____In an emergency, the child care facility has my permission to call an ambulance or to take my child to any available physician or hospital at me expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to nearest hospital and seen by the Doctor on call. (Parents are always notified as soon as possible.)

____My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, anti-bacterial first aid cream, and diaper ointment. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering non-prescription pain relievers. All medications must be current and require permission slips for each medication).

____My child may be taken on field trips or excursions by bus, private motor vehicle; and on neighborhood walking excursions, under required supervision. (Please fill out and sign Transportation Agreement as well.)

____My child may participate in swimming or other water activities under required supervision. (Child Care Division requires approved lifeguard).

____My child may be photographed for publicity or news purposes. ____ on site ____ off site

Special Transportation Arrangements:

CCD requires a written plan of the transportation arrangements between the child care facility and parents for children who come and go for school and other extracurricular activities. The following indicates our plan:

_____ (child) attends _____ (school). He/she will be transported/escorted between the child care facility and school by: _____ school bus; _____ Head Start bus; _____ Child Care Facility, or _____ arrive/depart unescorted with my permission. If my child is not at the designated pickup site or does not arrive as planned, please contact: (please check one) _____ parent or _____ the school to confirm the child's whereabouts and/or devise a plan as needed to locate the child. My child also has permission to (please specify, i.e., work with teacher after school, attend extracurricular classes or meetings, depart for home at specific time, etc.,)

I hereby release and agree to indemnify, defend and hold harmless Hood River Learning Center, LLC, d/b/a Bambinos International Learning Center, and their officers, agents, employees and affiliated businesses from and against any and all claims, liabilities, actions, judgments, damages and injuries of any kind and nature whatsoever arising out of or in connection with the provision of child care and educational services for my child including all releases as named above.

Parent/Guardian Signature: _____ Date: _____



International Learning Center

Medical Information and Consent to Medical Care

Name of Child: _____ Date entered Care: _____
(First, Middle, Last)

Birthdate: _____ Nickname: _____ Age at Entry: _____

Address: _____

Medical Information:

Medical Provider: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

Date of last Physical Exam? : _____ Last Tetanus Shot? _____ Blood Type: _____

Allergies: Does your child have any diagnosed allergies? (please circle) Yes No
If yes, please list all allergies: _____

Does your child have a plan of treatment for allergies? (please circle)** Yes No
Describe _____

Disabilities: Does your child have any diagnosed disabilities? (please circle) Yes No
If yes, please describe: _____

Does your child have a plan of care for their disabilities? (please circle)** Yes No

**** If your child has a plan for an allergy or a disability we must have a copy of the plan signed by their physician on file before we may provide care ****

Medications: Does your child take any prescription medications? (please circle) Yes No
If yes, please list name of medication and dosage your child takes (including any medication taken only at home): _____

**** Medications must be current, have your child's name on it clearly and require a signed and dated "Medication Administration" Form or a prescription signed by your physician. ****

Other Pertinent Information/ Special Requests:

If you child has a special diet that is not due to a medical reason, please describe: _____

Health Insurance Company: _____

Policy/Group Number: _____

Policy Holder: _____ Policy Holder's SS#: _____ - _____ - _____

Parent/Guardian Signature: _____ Date: _____



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My Signature gives permission for the following:

In an emergency, Hood River Learning Center, LLC d/b/a Bambinos International Learning Center has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, '911' is called and child is transported to nearest hospital and seen by the Doctor on call. (Parents are always notified as soon as possible).

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, anti-bacterial first aid cream and diaper ointment. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering non-prescription pain relievers. All medications must be current and require permission slips for each medication).

I, _____ (the natural parent or legal guardian), hereby give permission that my child, _____, may be given emergency treatment to include First Aid and/or CPR by a qualified child care staff member at Hood River Learning Center, LLC, d/b/a Bambinos International Learning Center. I further authorize and consent medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital, when deemed immediately necessary or advisable by a physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by personal vehicle, ambulance or aid car to an emergency center for treatment.

Emergency Phone Numbers: (Where Parent/Guardian can be reached, listed in order)

- 1. Number: _____ Location: _____ Ask for: _____
- 2. Number: _____ Location: _____ Ask for: _____
- 3. Number: _____ Location: _____ Ask for: _____
- 4. Number: _____ Location: _____ Ask for: _____
- 5. Number: _____ Location: _____ Ask for: _____

Signature of Parent/Guardian

Date

Print Name



Transportation/Walking Release and Request

Child's Name (Please Print): _____

Field trips and Walking excursions: (Please initial)

I authorize my child to be taken on:

_____ Field trips or other extra-curricular activities by public or private vehicle

_____ Walking excursions

Transportation to and from School:

School Name: _____ Phone: _____

Contact Person: _____ Classroom Teacher: _____

My child will be transported/escorted between Bambinos and school by: (Please initial)

_____ School bus; _____ Head Start bus; _____ Bambinos, and/or _____ arrive/depart unescorted according to the schedule below.* If my child is not at the designated area of pick-up, and if they cannot be immediately located, the school/program/parent will be contacted to determine my child's location.

Authorization to Walk Unsupervised: (Please initial)

_____ My child has permission to walk to or from Bambinos unsupervised and unescorted according to the schedule below.*

Other: (Please initial)

_____ My child also has permission to (please specify):

*SCHEDULE	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					
Times:	/	/	/	/	/
From:					
To:					
Times:	/	/	/	/	/



Transportation/Walking Release and Request

Child's Name (Please Print): _____

Parents (Guardian Name): _____

Phone: _____

This serves as written acknowledgement that Hood River Learning Center, LLC d/b/a Bambinos International Learning Center will be making special arrangements (such as school bus, child care facility vehicle or walking) for a child that arrives/leaves without parent. I am the parent or legal guardian of the above named child. I hereby release and agree to indemnify, defend and hold harmless Hood River Learning Center, LLC, d/b/a Bambinos International Learning Center, and their officers, agents and employees from and against any and all claims, liabilities, actions, judgments, damages and injuries of any kind and nature whatsoever arising out of or in connection with the provision of transportation for my child according to the authorized schedule.

_____ I acknowledge and authorized that per my request my child may be transported between the White Salmon and Hood River Locations and I understand that my child will be transported to/from the States of Oregon and Washington.

If the child is not at the designated area of pick-up, and if they cannot be located, the child care facility representatives will talk to the school/program/parent and determine if there is a reasonable explanation of the child's location. If the child cannot be located, the child care facility representative will contact the parent, using emergency contact numbers.

Transportation Policy

1. We will provide transportation to/from Bambinos and the child's school.
2. We may provide transportation to/from Bambinos WS and Bambinos HR.
3. We will not provide transportation to/from home.
4. In order for us to transport your child we need to have the following information at least 14 days prior.
 - a. New signed transportation schedule and release form.
5. In the event that you need transportation outside of your normal schedule we require 24 hours notice.
6. Additional transportation fees may apply.

Signature of Parent/Guardian

Print Name

Date