



Natural Organic Languages
KIDS ACADEMY

N.O.L SUMMER CAMP ENROLLMENT FORM

Child's Name: _____

Gender: _____ Age: _____ D.O.B.: ____ / ____ / ____

LANGUAGES :

Spanish ☐ French ☐ Italian ☐ Portuguese ☐ Mandarin ☐

LOCATION:

Pinecrest ☐ Coral Way ☐



ALLERGIES:

YES ☐ Please list : _____

NO ☐

IMPORTANT: please, inform about any allergy your kid(s) may have as we frequently provide food tasting or snack and we may be in contact with live animals, plants and other natural elements during the camp. As parents, it's your responsibility to provide all the medical, allergic and food habits / informations of your kid(s) to insure his safety.

Other comments :

Name of Child's Physician: _____

Phone: _____

In case of an emergency may the center contact another physician, if unable to contact above?

Yes ☐ No ☐



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ENROLLMENT : please, list below the dates you want to enroll. Remember that you have the flexibility to enroll the day(s) you need from 1 day.

JUNE	WK 0:	MON.2	<input type="checkbox"/>	TUES.3	<input type="checkbox"/>	WED.4	<input type="checkbox"/>	THUR.5	<input type="checkbox"/>	FRI.6	<input type="checkbox"/>
	WK 1:	MON.9	<input type="checkbox"/>	TUES.10	<input type="checkbox"/>	WED.11	<input type="checkbox"/>	THUR.12	<input type="checkbox"/>	FRI.13	<input type="checkbox"/>
	WK 2:	MON.16	<input type="checkbox"/>	TUES.17	<input type="checkbox"/>	WED.18	<input type="checkbox"/>	THUR.19	<input type="checkbox"/>	FRI.20	<input type="checkbox"/>
	WK 3:	MON.23	<input type="checkbox"/>	TUES.24	<input type="checkbox"/>	WED.25	<input type="checkbox"/>	THUR.26	<input type="checkbox"/>	FRI.27	<input type="checkbox"/>
JULY	WK 4:	MON.30	<input type="checkbox"/>	TUES.1	<input type="checkbox"/>	WED.2	<input type="checkbox"/>	THUR.3	<input type="checkbox"/>	FRI.4	<input type="checkbox"/>
	WK 5:	MON.7	<input type="checkbox"/>	TUES.8	<input type="checkbox"/>	WED.9	<input type="checkbox"/>	THUR.10	<input type="checkbox"/>	FRI.11	<input type="checkbox"/>
	WK 6:	MON.14	<input type="checkbox"/>	TUES.15	<input type="checkbox"/>	WED.16	<input type="checkbox"/>	THUR.17	<input type="checkbox"/>	FRI.18	<input type="checkbox"/>
	WK 7:	MON.21	<input type="checkbox"/>	TUES.22	<input type="checkbox"/>	WED.23	<input type="checkbox"/>	THUR.24	<input type="checkbox"/>	FRI.25	<input type="checkbox"/>
AUGUST	WK 8:	MON.28	<input type="checkbox"/>	TUES.29	<input type="checkbox"/>	WED.30	<input type="checkbox"/>	THUR.31	<input type="checkbox"/>	FRI.1	<input type="checkbox"/>
	WK 9:	MON.4	<input type="checkbox"/>	TUES.5	<input type="checkbox"/>	WED.6	<input type="checkbox"/>	THUR.7	<input type="checkbox"/>	FRI.8	<input type="checkbox"/>
	WK 10:	MON.11	<input type="checkbox"/>	TUES.12	<input type="checkbox"/>	WED.13	<input type="checkbox"/>	THUR.14	<input type="checkbox"/>	FRI.15	<input type="checkbox"/>
	WK 11:	MON.18	<input type="checkbox"/>	TUES.19	<input type="checkbox"/>	WED.20	<input type="checkbox"/>	THUR.21	<input type="checkbox"/>	FRI.22	<input type="checkbox"/>



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Parent's Name 1 : _____

Occupation: _____

Phone : _____

Address: _____

Zip: _____

Email: _____

Parent's Name 2 : _____

Occupation: _____

Phone : _____

Address: _____

Zip: _____

Email: _____



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N.O.L SAFETY

1 . Remember to inform about any allergy your kid(s) may have as we frequently provide food tasting or snack and we may be in contact with live animals, plants and other natural elements during the camp. As parents, it's your responsibility to provide all the medical, allergic and food habits / informations of your kid(s).

2 . Shoes Free environment, Anti-slip socks are mandatory.

As parents, you have the responsibility to make sure your kid(s) is wearing full covered anti-slip socks. In case the kid(s) is not using anti-slip socks, parents assume the entire responsibility for any sliding incidents.

DROP OFF / PICK UP INFORMATION

N.O.L Kids Academy provides a Drop Off service. Please, list here the name and phone contact of the additional persons who may Drop off/Pick up your child (family members, nanny, friends) :

Name: _____ Role _____ Phone number _____

Name: _____ Role _____ Phone number _____

IMPORTANT : In case one day, your child will be Drop Off/ Pick Up by a person NO LISTED, please, SEND A WHATSAPP MESSAGE to N.O.L Kids Academy WITH THE INFO OF THE PERSON.

Signature: _____



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GENERAL INFO ABOUT THE STUDENT

Language level (1 beginner to 5 bilingual). Please circle the language level of your kid.

English	1	2	3	4	5
Spanish	1	2	3	4	5
French	1	2	3	4	5
Italian	1	2	3	4	5
Portuguese	1	2	3	4	5
Mandarin	1	2	3	4	5
Other_____	1	2	3	4	5

Home language(s) : _____

Additional info.

Signature: _____



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N.O.L PUBLICITY / PROMOTION / PHOTO RELEASE FORM

I Give N.O.L Kids Academy permission to take pictures, snapshots, slides, videos, and file of my child's interaction during activities, classes, sessions and special programs with the purpose to advertise, promote, communicate the programs of N.O.L Kids Academy.

I also accept to receive pictures & videos to the phone number (_____).

YES ☐ NO ☐

(Student Print Name)

(Parent's name & Signature)

(Date)



ANIMAL INTERACTION CONSENT FORM

I, _____, authorize N.O.L Kids Academy to allow my child, _____, to participate in activities involving interactions with animals during academy programs.

I understand these activities may include touching, feeding, and playing with animals under staff supervision and with all precautions necessary.

I acknowledge that necessary precautions has been taken to ensure my child's safety during these interactions and understand that if my kid is injured accidentally, the responsibility of N.O.L Kids Academy won't be engaged as the maximum of precautions has been taken.

I will inform the academy of any allergies or medical conditions my child has related to animals.

Signature: _____

Date: _____



ALLERGY CONSENT FORM

I consent to my child participating in all activities, including those involving food, with the understanding that N.O.L Kids Academy will take necessary precautions to accommodate the stated allergies or dietary restrictions.

Name: _____

Signature: _____

Date: _____