



BONITA™  
LEARNING  
ACADEMY

AFTERSCHOOL SPANISH PROGRAM  
ENROLLMENT FORM  
2017-2018

Office Use

Trial Class-Date: \_\_\_\_\_  
\_\_\_\_ Enrollment Fee  
\_\_\_\_ Tuition  
\_\_\_\_ Attendance Lists  
\_\_\_\_ Binder  
\_\_\_\_ Book  
\_\_\_\_ E-mail  
\_\_\_\_ QB

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**IMPORTANT NOTICE: YOUR CHILD IS NOT OFFICIALLY ENROLLED UNTIL THE POLICY AGREEMENT PACKET HAS BEEN COMPLETED AND THE ENROLLMENT FEE AND TUITION HAVE BEEN PAID.**

CHILD'S NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ (years/months) SEX: F M PLACE OF BIRTH \_\_\_\_\_  
LANGUAGE SPOKEN AT HOME: \_\_\_\_\_ CULTURAL BACKGROUND: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
NAME OF CURRENT OR PREVIOUS SCHOOL: \_\_\_\_\_

CIRCLE ONE: MOTHER/FATHER/GUARDIAN  
NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CIRCLE ONE: MOTHER/FATHER/GUARDIAN  
NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CHILD LIVES WITH: \_\_\_\_\_  
PLEASE NOTE ANY CUSTODY RESTRICTIONS: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS, HEALTH ISSUES, ALLERGIES OR SPECIAL DIET THAT WE SHOULD BE AWARE OF? YES \_\_\_\_ NO \_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

SIBLINGS: \_\_\_\_\_ DOB: \_\_\_\_\_  
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PERSONS ALLOWED TO PICK UP CHILD FROM SCHOOL:

❖ NAME (First and Last) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ OTHER \_\_\_\_\_

❖ NAME (First and Last) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ OTHER \_\_\_\_\_

❖ NAME (First and Last) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ OTHER \_\_\_\_\_

❖ NAME (First and Last) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ OTHER \_\_\_\_\_

\*\*PLEASE NOTE THAT IF ANOTHER PERSON NOT INCLUDED IN THIS LIST WILL BE PICKING UP YOUR CHILD, YOU ARE REQUIRED TO SUBMIT IT IN WRITING TO THE OFFICE AHEAD OF TIME. WE WILL SOLICIT CURRENT STATE ISSUED PHOTO IDENTIFICATION PRIOR TO THE RELEASE OF ANY CHILD.

CONSENT FOR EMERGENCY MEDICAL TREATMENT-  
Child Care Centers or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO BONITA LEARNING ACADEMY TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A LICENSED PHYSICIAN (M.D.) OR DENTIST (D.D.S.) FOR MY CHILD \_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

**BONITA LEARNING ACADEMY**  
**AFTERSCHOOL SPANISH PROGRAM**  
**POLICY AGREEMENT**  
**2017-2018**

We (parents /guardians) of \_\_\_\_\_ have read the Policy Agreement  
and accept and agree to the conditions as stated.

DATE: \_\_\_\_\_

Signature of Parent or Guardian

I hereby authorize my child to use Antibacterial Hand sanitizer (alcohol base) provided by B.L.A.

Yes \_\_\_ No \_\_\_

PROGRAM: (circle one)    1    2    3

- 1. SPANISH FOR SPANISH SPEAKERS.
- 2. SPANISH AS A SECOND LANGUAGE.
- 3. AFTERSCHOOL PRE-SCHOOL/KINDERGARTEN.

Enrollment Fee (Registration/books & materials):            \$ 110.00

Tuition fee for this program:                                         \$ 130.00

      2<sup>nd</sup> sibling:     \$ 117.00 (10% sibling discount)

      3<sup>rd</sup> sibling:     \$ 65.00 (50% sibling discount)

Sibling discount:    YES            NO            \_\_\_\_\_ %

Starting date: Thursday, September 7, 2017

Hours: 4:00 pm – 6:00 pm