



**AFTERSCHOOL SPANISH PROGRAM
ENROLLMENT FORM
2018-2019**

<u>Office Use</u>	
Trial Class-Date:	_____
Enrollment Fee	_____
Tuition	_____
Attendance Lists	_____
Binder	_____
Book	_____
E-mail	_____
QB	_____

3368 Bonita Rd.
Chula Vista, Ca 91910
Ph/fax: 619-422-1777
Email: info@bonitalearningacademy.com
Website: www.bonitalearningacademy.com

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: _____

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
2018-2019

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

 2nd sibling: \$ 117.00 (10% sibling discount)

 3rd sibling: \$ 65.00 (50% sibling discount)

Sibling discount: YES NO _____%

Starting date: Thursday, _____

Hours: 4:00 pm – 6:00 pm

Student(s)' Name: _____



DIRECT PAYMENT AUTHORIZATION **One Account**

I (we) hereby authorize Bonita Learning Academy, hereinafter called "Bonita Learning Academy aka Castaños & Flores, Inc.", to initiate debit entries and, if necessary, debit correction and adjustment entries to my(our) account at the financial institution listed below for the **2018-19 school year.**

Financial Institution Name: _____ Branch: _____

Address: _____ City/State: _____ Zip: _____

Routing & Transit Number: _____ Account Number: _____

Account Type: Checking/Draft Savings/Share

You may choose a payment day of the 1st, 5th or 10th for your Direct ACH monthly payment. This authority is to remain in full force and effect Sept , 2018 to May , 2019. This account will be used to pay for Tuition & Enrollment Fees for the Afterschool Spanish Program.

Parent(s) Signatures _____ Printed Name(s) _____

Date: _____

(Please attach a voided check or financial institution account verification letter to this form.)



Monthly Payment Date: _____
_____ Monthly Tuition
_____ Prepaid Extended Care
_____ Total

_____ Total Monthly Charge