



Office Use	
___	Tuition
___	Parents' Rights
___	Personal Rights
___	Emergency Consent
___	Policy Agreement

SPANISH SUMMER CAMP 2018

ENROLLMENT FORM • PAGE 1

IMPORTANT NOTICE: YOUR CHILD IS NOT OFFICIALLY ENROLLED UNTIL THIS FORM HAS BEEN COMPLETED AND TURNED IN ALONG WITH THE TUITION/ENROLLMENT FEE.

Child's Name: _____ Preferred Name: _____
 Birthdate: _____ Age: _____ Sex: F M Place of Birth: _____
 Language spoken at home: _____ Cultural Background: _____
 Address: _____ City / State / Zip: _____

Mother **Father** **Guardian**

Name: _____ Occupation: _____
 Home Address: _____ Home Phone No. _____
 Company Name: _____ Work Phone No. _____
 Cellular Phone: _____ Email: _____

Mother **Father** **Guardian**

Name: _____ Occupation: _____
 Home Address: _____ Home Phone No. _____
 Company Name: _____ Work Phone No. _____
 Cellular Phone: _____ Email: _____

Child lives with: _____

Please note any custody restrictions: _____

Physician's Name: _____ Phone No. _____

Does your child have any special needs, health issues or allergies that we should be aware of? Yes No

If yes, please explain: _____

Siblings: _____ DOB: _____

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PERSONS ALLOWED TO PICK UP YOUR 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 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 No. _____ **Work Phone No** _____



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

_____ AND _____ DATE: _____
Parent or Guardian's Signature Parent or Guardian's Signature

I hereby authorize my child to use Antibacterial Hand sanitizer (alcohol base) provided by B.L.A.:
(Check one) Yes No

HOW DID YOU LEARN ABOUT OUR SUMMER CAMP PROGRAM: _____

School your child will attend for the 2018-19 school year: _____

Tuition must be paid in full to be officially enrolled and is non-refundable.

Weekly Tuition: \$250.00 Siblings \$225.00 (10% discount)

2018 Summer Camp Tuition & Enrollment Fees			
	Regular	Sibling	
Week 1: June 25th - 29th	_____ \$250.00	_____ \$225.00 (10% discount)	
Week 2: July 2nd - 6th (closed July 4th)	_____ \$200.00	_____ \$180.00 (10% discount)	
Week 1 & 2: June 25th - July 6th	_____ \$425.00	_____ \$382.50 (10% discount)	
Extended Care Week 1	_____ \$50.00 (flat rate)	_____ \$20.00 (before care)	_____ \$40.00 (after care) _____ N/A
Extended Care Week 2	_____ \$40.00 (flat rate)	_____ \$16.00 (before care)	_____ \$32.00 (after care) _____ N/A
Extended Care must be paid with Enrollment.			
Total Due _____			