



B O N I T A
L E A R N I N G
A C A D E M Y

SPANISH CLASSES
SCHOOL YEAR 2010-2011
ENROLLMENT FORM

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

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

CHILD'S NAME: _____ PREFERRED NAME: _____
BIRTHDATE: _____ AGE: _____ SEX: F M PLACE OF BIRTH _____
LANGUAGE SPOKEN AT HOME: _____ CULTURAL BACKGROUND: _____
ADDRESS: _____ CITY/STATE/ZIP: _____

CIRCLE ONE: MOTHER/FATHER/GUARDIAN
NAME: _____ OCCUPATION: _____

HOME ADDRESS: _____ HOME PHONE: _____

COMPANY NAME: _____ WORK PHONE: _____

CELLULAR PHONE: _____ E-MAIL: _____

CIRCLE ONE: MOTHER/FATHER/GUARDIAN
NAME: _____ OCCUPATION: _____

HOME ADDRESS: _____ HOME PHONE: _____

COMPANY NAME: _____ WORK PHONE: _____

CELLULAR PHONE: _____ E-MAIL: _____

CHILD LIVES WITH: _____

PLEASE NOTE ANY CUSTODY RESTRICTIONS: _____

PHYSICIAN'S NAME: _____ PHONE #: _____

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: _____

SIBLINGS: _____ DOB: _____

SIBLINGS: _____ DOB: _____

SIBLINGS: _____ DOB: _____

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

()

PLEASE FILL OUT, SIGN AND RETURN FORM BELOW. THANK YOU.

BONITA LEARNING ACADEMY
SPANISH LANGUAGE SCHOOL
POLICY AGREEMENT
2010-2011

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 B.L.A.:

Yes ___ No ___

Class days: (check days)

Mon Wed
 Tues Thurs

PROGRAM: (circle one) **1** **2** **3**

1. SPANISH LANGUAGE DEVELOPMENT, NATURE, ANIMALS, SCIENCE & MEXICAN TRADITION.
(for those who already speak Spanish)

2. SPANISH AS A SECOND LANGUAGE.

3. AFTERSCHOOL PRE-SCHOOL/KINDERGARTEN.

Registration/books & materials fee \$ _____

Tuition fee for this program: \$ _____

Sibling discount: YES NO _____ %

Starting date: _____ Hours: 4:00 p.m. to 6:00 p.m.