

DATE: _____

BORN LEARNERS SCHOOL

28348 Agoura Road
Agoura Hills, CA 91301
818-991-7752

2017-2018 ENROLLMENT FORM

PRESCHOOL

Please enroll my child listed below in the 2017-2018 school year at Born Learners School. I understand enrollment is contingent on the school receiving a deposit equal to one month's tuition. ***This deposit is applied to our last month of the school year.***

REFUND POLICY:

There will be **NO REFUNDS/NO EXCEPTIONS** for any reason on all deposits, withdrawals, registration and earthquake kit fees. Withdrawals require a 30-day written notice.

_____ ****Please initial that you have read and understand the refund policy.***

CHILD'S NAME	AGE	BIRTHDATE	GENDER
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Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day/Cell) _____ Evening: _____

Email Address: _____

Signature	Print Name	Date
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Please enroll my child for the following days:

PRESCHOOL (NOT POTTY TRAINED):

_____	5 Day/AM (8:30-12:20)	
_____	5 Day/Full (8:30-2:50)	
_____	3 Day/AM (8:30-12:20)	M, W, F (only)
_____	3 Day/Full (8:30-2:50)	M, W, F (only)
_____	2 Day/AM (8:30-12:20)	T, TH (only)
_____	2 Day/Full (8:30-2:50)	T, TH (only)

PRESCHOOL:

_____	5 Day/AM (8:30-12:20)	
_____	5 Day/Full (8:30-2:50)	
_____	3 Day/AM (8:30-12:20)	M, W, F (only)
_____	3 Day/Full (8:30-2:50)	M, W, F (only)
_____	2 Day/AM (8:30-12:20)	T, TH (only)
_____	2 Day/Full (8:30-2:50)	T, TH (only)

EXTENDED CARE:

_____	7:30 am only	_____	7:30 am – 4:20 pm
_____	7:30 am - 5:20 pm	_____	7:30 am – 6:00 pm

- Please note, there will be a \$25 fee for every permanent schedule change made throughout the school year. _____ (initial)

TUITION AND DEPOSIT INFORMATION:

MONTHLY TUITION RATE: \$ _____

Deposit: \$ _____
 Registration Fee (\$200) \$ _____
 Earthquake Kit Fee (\$25) \$ _____

TOTAL DUE: \$ _____

Total Paid: \$ _____

BALANCE DUE: \$ _____

Total Deposit Enclosed: \$ _____ Check _____ MasterCard Visa

Credit Card #: _____ Exp. Date _____

Name on card as it appears: _____

Address Credit Card is attached to: _____

Signature: _____ (For credit card purchase only)

FORMS TO BE COMPLETED PRIOR TO START OF SCHOOL:

_____ Enrollment Form	_____ Teacher's Data
_____ Rolodex Card	_____ Health History (Parents)
_____ Directory Info	_____ Physician's Report (Immunizations)
_____ Earthquake Information	_____ Child Abuse/Visitation (State Forms)
	_____ Photo Release Form

PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY: (INCLUDE PARENTS IF AUTHORIZED)

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____