

BORN LEARNERS SCHOOL
28348 Agoura Road
Agoura Hills, CA 91301
818-991-7752

2017 SUMMER ENROLLMENT

Please enroll my child listed below in the 2017 Summer Program at Born Learners School. I understand the enrollment is contingent on the school receiving a non-refundable deposit of \$100 which is applied towards my summer tuition. I further understand that my tuition may be prorated for vacation time if the school is notified prior to each summer session. Any changes after each session starts will not be prorated or refunded. _____ (initial)

Vacation Dates: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Cell/Day) _____ Evening: _____

Email Address: _____

Signature	Print Name	Date
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PLEASE ENROLL MY CHILD IN THE FOLLOWING SESSION(S):

SESSION I (JULY 3RD - JULY 28TH): POTTY TRAINED _____ NOT POTTY TRAINED _____

5 DAYS PER WEEK: M-F **3 DAYS PER WEEK:** M, W, F only **2 DAYS PER WEEK:** T, TH only

_____	8:30-12:20 PM	_____	8:30-12:20 PM	_____	8:30-12:20 PM
_____	8:30-2:50 PM	_____	8:30-2:50 PM	_____	8:30-2:50 PM

SESSION II (JULY 31ST - AUGUST 18TH): POTTY TRAINED _____ NOT POTTY TRAINED _____

5 DAYS PER WEEK: M-F **3 DAYS PER WEEK:** M, W, F only **2 DAYS PER WEEK:** T, TH only

_____	8:30-12:20 PM	_____	8:30-12:20 PM	_____	8:30-12:20 PM
_____	8:30-2:50 PM	_____	8:30-2:50 PM	_____	8:30-2:50 PM

EXTENDED CARE:

_____ 7:30 AM only _____ 7:30 AM - 4:20 PM _____ 7:30 AM - 5:30 PM

~OVER~

TUITION AND DEPOSIT INFORMATION:

June Tuition Rate: \$ _____
July Tuition Rate: \$ _____

Deposit: Summer \$ _____
TOTAL DUE: \$ _____

Total Paid: \$ _____
BALANCE DUE: \$ _____

Total Deposit Enclosed: \$ _____ Check _____ Mastercard Visa

Credit Card #: _____ Exp. Date _____

Address credit card is attached to: _____

Name on card as it appears: _____

Signature: _____ (For credit card purchase only)

FORMS TO BE COMPLETED PRIOR TO START OF SUMMER 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 |

MEDICAL AUTHORIZATION:

I (We) do hereby authorize in the event of an accident, injury or illness of said above named child, if I (We) the parents/guardians cannot be contacted, the following named facility may act as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, as is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to give consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to provision of section 25 or the Civil Code of California.

Signature: _____ Date: _____

Relationship to Child: _____ Phone _____

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

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