

DATE: _____

BORN LEARNERS SCHOOL

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

2018-2019 ENROLLMENT FORM
JR. KINDERGARTEN & KINDERGARTEN

Please enroll my child listed below in the 2018-2019 school year at Born Learners School. I understand the enrollment is contingent on the school receiving a deposit equal to one month's tuition.

****This deposit is applied to the last month of the school year: June 2019.**

REFUND POLICY:

There will be **NO REFUNDS / NO EXCEPTIONS** for any reason on 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
Parent/Guardian's Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Phone: (Day/Cell) _____		Evening: _____	
Email Address: _____			
Signature	Print Name	Date	

PLEASE ENROLL MY CHILD IN THE FOLLOWING CLASS:

JR. KINDERGARTEN:

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

KINDERGARTEN:

- _____ 5 Day/Full (Only)

Extended Care: ___ 7:30am only ___ 7:30am – 4:20pm ___ 7:30am – 5:20pm ___ 7:30am – 6:00pm

- 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 Authorization Form on file

Signature: _____ (For credit card purchase only) Date: _____

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	

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>
_____	_____
_____	_____
_____	_____
_____	_____