



7050 Eckstrom Ave.,
San Diego, CA 92111
Tel: (858) 278-7970

7202 Princess View Dr.,
San Diego, CA 92120
Tel: (858) 250-0972



ELEMENTARY REGISTRATION PACKET 2020-2021

Office Use Only:
Date: _____
Paid: _____
Check # _____
Cash: _____

To register your child, the following items must be received by the deadline. Please refer to our Admissions Process.

- \$150 Resource Fee (**TK Part Time**)
\$250 Resource Fee (**TK Full Time -11th**)

Payments must be made in full. Partial payments do not reserve a seat.

Resource Fees are NON-REFUNDABLE

- Provide applicant's birth certificate, current and previous year's report card (not required for TK/KG) and immunization record. **Students are required to have up-to-date immunizations before they attend class.** (Please see **Guide to Immunizations for School Entry** for more information.)
- All forms in the registration packet must be completed and returned to the school office.
Do Not Delay!
- Parents are responsible for ensuring that registration requirements are complete and on time in order to ensure enrollment at Bright Horizon Academy.
- Students who have lost their seat in class due to late registration will be placed on our waiting list.
- Parents will be responsible for registering their child into another school if space does not become available.
- **BHA reserves the right to deny re-enrollment for any student with poor academic standing and/or discipline history.**
- **All previous years balances MUST be fully paid for re-enrollment to be complete.**

The Registration Packet is attached.

PLEASE PRINT CLEARLY



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IMMUNIZATION (SHOTS) REQUIREMENTS

State law requires that all students under age 18 years, pre-kindergarten through grade 12, be immunized against certain diseases. At the time of registration, the school is required to have proof that your child has received all currently due immunizations.

BHA participates in the San Diego Regional Immunization Registry (SDIR), a county-wide computer system that keeps track of immunizations (shots). Immunizations required for school attendance are shown below. Check with your pediatrician, family physician or medical clinic to make sure your child is fully immunized. **Please Note: Your child may be excluded from attending school if these requirements are not met.**

K-1 PHYSICAL EXAM:

California's Child Health and Disability Prevention (CHDP) program mandates that every child have a physical examination before entering school in kindergarten or first grade.

The examination may be completed up to 18 months prior to the start of first grade.

Parents/guardians are required to present a report of examination to the school within 91 days of entry to first grade.



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ELEMENTARY REGISTRATION FORM 2020-2021

Family Last Name: _____ Home Phone: _____

Student Name: _____
First Middle Date of Birth Male/Female Grade Applying

Student Name: _____
First Middle Date of Birth Male/Female Grade Applying

Student Name: _____
First Middle Date of Birth Male/Female Grade Applying

Race/Ethnicity: _____ Home Language: _____

Check here if same information as last year (Please refer to Jupiter Ed to check information is correct)

Street Address _____ City _____ Zip _____

Mother Name: _____ Father Name: _____

Mother Cell: _____ Father Cell: _____

Mother Work: _____ Father Work: _____

Mother Occupation: _____ Father Occupation: _____

Mother Email: _____ Father Email: _____

Emergency Contact: In the event an emergency if parents cannot be reached, the following persons may be contacted:

Local Emergency Contact:

Name: _____ Cell: _____ Relation: _____

Out of Town Emergency Contact:

Name: _____ Cell: _____ Relation: _____

Does the above named student have any known health problems? Yes _____ No _____

Asthma: Yes _____ No _____ Allergies: _____

If yes, will this condition interfere with his/her full participation in the school? Please explain: _____



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ELEMENTARY REGISTRATION FORM 2020-2021

Authorized Pick-up MUST BE SIGNED/UPDATED EVERY YEAR (They are the *only* ones, other than parents, who will be allowed to pick up your child).

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In order to fully meet the Physical Education requirements for Elementary school students, it is necessary to utilize Lindberg Park located on the corner of Eckstrom Avenue and Ashford street. The park will be utilized Monday through Friday between the hours of 8:00 AM - 3:30 PM, between the months of September through June. It will generally be used for Physical Education classes, but will occasionally be used for Elementary PE, school parties or other activities authorized by the school. In all cases, students will walk to and from Lindberg park and be fully supervised by responsible adults at all times.

- I give BHA permission to include my child in school activities at Lindberg Park. I agree not to hold BHA liable for accidents and injuries involving my child as a result of his/her participation in these activities.

By signing below, I acknowledge that the submission of this registration packet does not guarantee my child/children's re-enrollment. I understand that due to classroom size limitations, returning students are not guaranteed pre-enrollment in subsequent years. In case there are not enough seats to re-enroll all the current students, BHA will use academic and citizenship grades to determine the acceptance priority. **I also agree to notify the school of any changes to my contact information: address, telephone or email.**

- REGISTRATION NOT COMPLETE UNTIL \$250 RESOURCE FEE IS PAID (TK Full Time-11TH)**
- REGISTRATION NOT COMPLETE UNTIL \$150 RESOURCE FEE IS PAID (TK Part Time ONLY)**
- BHA RESERVES THE RIGHT TO DENY RE-ENROLLMENT FOR ANY STUDENT WITH POOR ACADEMIC AND/OR DISCIPLINE HISTORY.**
- ALL PREVIOUS YEARS BALANCES MUST BE FULLY PAID FOR RE-ENROLLMENT TO BE COMPLETE.**



BRIGHT HORIZON ACADEMY
LEARNING TODAY FOR A BRIGHTER FUTURE

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Parent / Guardian Signature: _____ Date: _____

ELEMENTARY INTERNET ACCESS CONSENT

Bright Horizon Academy provides students with access to the Internet for educational purposes, and has taken precautions to eliminate controversial materials. However, it is impossible for BHA to restrict access to all controversial materials. I will not hold BHA responsible for materials acquired on the network. If this student has access to the Internet in a setting other than school, I acknowledge that BHA is not responsible for any material the student may access.

I hereby give permission for the student named below to have access to the Internet while at school.

Parent/Guardian (please print): _____

Signature: _____ Date: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

Check here if you **DO NOT** give permission for your child/children to access the Internet at school.

ELEMENTARY PHOTOGRAPH PERMISSION FORM

Dear Parent,

The Staff at BHA takes pictures of students around campus as they participate in class projects, outside activities, ceremonies, field trips and events. These photos may be used in the annual Yearbook, a collection of photos including students in all grade levels. From time to time, BHA may use some of these photos to promote fundraisers, or in printed materials such as advertisements and pamphlets, and for the school's website or Facebook page. In order to use photographs of your child in this way, we must first have permission from the parent or legal guardian. Please fill out the form below for each student enrolled at BHA.

-
- I give permission to have my child/children's name and/or photograph published as stated above.
 - Please do not include my child/children's name or photograph in any publication, including the annual Yearbook.

PLEASE PRINT:

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

Name of Parent/Guardian (PRINT): _____



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Signature of Parent/Guardian: _____ Date: _____

FINANCIAL AGREEMENT

I agree and understand that I am legally and financially responsible for all expenses incurred upon registering the student named below at Bright Horizon Academy for the 2020 - 2021 school year, according to the published tuition and fee schedule.

Parent First Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Name of student/students who is/are covered under this agreement

In order to facilitate payment of the yearly tuition, you may choose one of the following options:

PAYMENT IN FULL:

I will pay the full tuition for the academic year of 2020 through 2021

10-MONTH PAYMENT PLAN:

I will pay tuition for the current school year in 10 equal monthly payments of 2020 through 2021 as outlined in the **Admissions Fees Calendar**.

Please indicate if you would like to take the optional 10% sibling discount.

Yes. I want the optional 10 % sibling discount. I understand that money from donations (zakat/sadaqat) may be used to cover any deficit resulting from the discounts.

No. I don't want the optional 10 % sibling discount.

***TK & KG students are excluded from sibling discount**

Please initial beside each statement below:

_____ I understand that payments are due on the first school day of the month and become delinquent after the 5th day of the month.

_____ I understand that failure to pay monthly tuition will result in the suspension of my child from school until the past due amount is paid.

_____ I understand that the resource fee of \$250 per student (TK Full Time-11th) and \$150 per student (TK Part Time ONLY) is due at the time of registration and that my child's registration constitutes my financial responsibility for tuition for the full academic year.

_____ I agree to be responsible for any fees occurred in the event that it is necessary to employ a professional collection agency or attorney to enforce or collect a judgment based on this Financial Agreement, including but not limited to collection agency fees, court costs, and/or attorney fees.

_____ **I am required by law to pay the year's full tuition even if I withdraw my child from BHA unless I have one of the following situations:**

You are exempted from paying tuition only under circumstances as stated below:

Relocation: If you move outside of San Diego County, you shall be relieved from any obligation of making payments for tuition other than those received prior to the move. If you have paid any sum for services, the amount allocable to unused tuition will be promptly refunded, less a \$100 cancellation fee if less than one-half of such prepaid period has lapsed, or less a \$50 cancellation fee if more than one-half of such prepaid period has lapsed. You agree to submit verification and proof of the date and location of such a move.

Loss of Job: Proof of unemployment status after registration was completed.

Death or Disability: Illness affecting the parents or the child.

Student expulsion from school: BHA may expel a student for any reason in accordance with its discipline policy. You are liable for all financial obligations incurred prior to the date of expulsion.



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Signature: _____

Date: _____