



The Burlington Academy of Learning

Where Children and Families Are Celebrated!

Check Number: _____
 Amount: _____
 Date Rec'd: _____
 Time Rec'd: _____
 Class List: _____
 EZCare: _____
 Student Intake: _____
 Email Distribution: _____
 Web Access: _____
 Confirmation Letter: _____
 Enrollment Forms: _____
 FACTS: _____

REGISTRATION FORM 2010-2011 SCHOOL YEAR

STUDENT INFORMATION

Last Name	First Name	Middle Name	Nickname
Gender: M F	Date of Birth: ____/____/____	Phone: (____) _____	
Address	City	State	Zip
School Attending (<i>other than BAL</i>): _____		Grade: _____	Teacher: _____

FAMILY INFORMATION

	Mother/Guardian	Father/Guardian
Full Name:	_____	_____
Street Address:	_____	_____
Town/State/Zip:	_____	_____
Home Phone:	_____	_____
Mobile Phone:	_____	_____
Occupation:	_____	_____
Employer Name:	_____	_____
Work Street Address:	_____	_____
Work Town/State/Zip:	_____	_____
Work Phone:	_____	_____
Email Address:	_____	_____

Please list names and dates of births of all siblings and, if expecting, please list the due date:

Name of sibling: _____	DOB: ____/____/____
Name of sibling: _____	DOB: ____/____/____
Name of sibling: _____	DOB: ____/____/____

Do we have permission to share photographs of your child in school wide communications, on our website, and in promotional material? Yes No (*We will not use your child's name.*)

Do we have permission to share your phone number(s), address and/or Email address(es) with other enrolled BAL families?

Phone: Yes No Address: Yes No Email: Yes No

Are you seeking financial aid? Yes No

EMERGENCY INFORMATION

Please provide the name and phone number of the Pediatrician or other physician(s) that should be contacted in case of an emergency:

Pediatrician's Name: _____	Phone: (____) _____
Dentist's Name: _____	Phone: (____) _____

If necessary, the child will be transported to the nearest hospital. If time in an emergency situation allows, as determined by the emergency personnel, please indicate the hospital of your choice: _____.

In the event that my child becomes ill, *The Burlington Academy of Learning* is authorized to notify the following individuals should I (we) not be reached. These individuals are also authorized to remove my child from *The Burlington Academy of Learning*.

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Work Phone: (____) _____

PROGRAM SELECTION

Please check (✓) the Academic School Year program and schedule of your choice along with all applicable Additional Programs desired.

ACADEMIC SCHOOL YEAR PROGRAMS

	AM	PM	Full Day
Nursery School			
Mon through Fri	___ 8:30 - 11:30	___ 12:15 - 3:15	___ 8:30 - 3:15
Mon/Wed/Fri	___ 8:30 - 11:30	___ 12:15 - 3:15	___ 8:30 - 3:15
Tues/Thurs	___ 8:30 - 11:30	___ 12:15 - 3:15	___ 8:30 - 3:15
PreKindergarten			
Mon through Fri	___ 8:30 - 11:30	___ 12:15 - 3:15	___ 8:30 - 3:15
Mon/Wed/Fri	___ 8:30 - 11:30	___ 12:15 - 3:15	___ 8:30 - 3:15
Tues/Thurs	Not available	Not available	___ 8:30 - 3:15
Junior Kindergarten			
Mon through Fri	___ 8:30 - 11:30	___ 12:30 - 3:30	___ 8:30 - 3:30
Mon/Wed/Fri	___ 8:30 - 11:30	___ 12:30 - 3:30	___ 8:30 - 3:30
Tues/Thurs	___ 8:30 - 11:30	___ 12:30 - 3:30	___ 8:30 - 3:30
Kindergarten			
Mon through Fri	___ 8:30 - 12:00	___ 12:00 - 3:30	___ 8:30 - 3:30
Mon/Wed/Fri	___ 8:30 - 12:00	___ 12:00 - 3:30	___ 8:30 - 3:30
Tues/Thurs	___ 8:30 - 12:00	___ 12:00 - 3:30	___ 8:30 - 3:30
Kindergarten Enrichment			
Mon through Fri	___ 8:30 - 12:00	___ 12:00 - 3:30	
Mon/Wed/Fri	___ 8:30 - 12:00	___ 12:00 - 3:30	
Tues/Thurs	___ 8:30 - 12:00	___ 12:00 - 3:30	
M T W TH F	___ 8:30 - 12:00	___ 12:00 - 3:30	

(Circle any combination of days)

ADDITIONAL PROGRAMS (choose any combination of days)

- Before School** (7am - 8:30am) ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri
- Lunch Bunch** ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri
- After School** (3:15pm - 6pm) ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri
- Supplemental Care Program**
 - ___ 3 Days/week
 - ___ 4 Days/week
- Full Time Program**

Supplemental Care Program Packages provide care during Winter and Spring Recesses, November and May Conference Days, and 4 weeks of summer that the Academic School Year and our Summer Programs do not encompass.

Full Time Program provides all dates The Academy is open January through December.

Requests for teacher preferences are welcomed; however, we cannot guarantee requests will be honored. When creating final class lists, many factors must be taken into consideration to ensure the blend of students creates the most advantageous class to allow for each child's optimal learning experience. Factors for decisions regarding your child's placement are their learning style, the teacher's style, student personalities, developmental level, behavior, boy/girl ratio, composition of ages, number of students, and space availability.

- I have enclosed a \$500 non-refundable tuition deposit for school day programs or a \$100 non-refundable tuition deposit for Before/After School Programs with this registration.

Parent/Guardian Signature

____/____/____
Date