

BHA ENROLLMENT PACKET

2023-2024

This form is for re-enrollment of current BHA students, and the enrollment of new students AFTER they have filled in the new student application and are accepted for admission.

To re-enroll current students, the following items must be received by **March 15th, 2023**:

- \$300 Resource Fee for full-time TK through 12th grade and \$150 for part-time TK. Payment must be made in full. Partial payment does not reserve a seat. **The Resource Fee is non-refundable.**
- Applicant's immunization record if new shots were received since the last enrollment cycle. Students are required to have up-to-date immunizations before they attend class. Entering 7th graders are required to have the Tdap vaccination on, or after their 7th birthday. Please see Guide to Immunizations for School Entry for more information.
- All forms in the Enrollment Packet.
- **Please note that ALL previous year(s)' balance MUST be fully paid for re-enrollment to be considered.**

The Enrollment Packet follows.
PLEASE PRINT CLEARLY.



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

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



IMMUNIZATION (SHOTS) REQUIREMENTS

State law requires that all students under the age of 18 years be immunized against certain diseases. At the time of enrollment or reenrollment, 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 can be found on the “Parents’ Guide to Immunizations” on our website. Check with your pediatrician, family physician or medical clinic to ensure 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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Family Last Name(s): _____ Home Phone: _____

Race/Ethnicity: _____ Home Language: _____

Street Address _____ City _____ Zip _____

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

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

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

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

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

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's Email: _____ Father's Email: _____

Emergency Contact: In the event of 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: _____



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Does the above named student(s) 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: _____

Authorized Pick-up: The following individuals are allowed to pick up the child(ren) (Please include parents.):

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.

Please initial:

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



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By signing below, I acknowledge that the submission of this enrollment packet does not guarantee my child(ren)'s enrollment or re-enrollment. I understand that due to classroom size limitations, current students are not guaranteed re-enrollment in subsequent years. In case there are not enough seats to re-enroll all current students, BHA will use academic and citizenship grades to determine the acceptance priority. **Please initial each statement below.**

- ☐ ALL PREVIOUS YEAR(S)' BALANCE MUST BE FULLY PAID FOR RE-ENROLLMENT TO BE CONSIDERED.
- ☐ ENROLLMENT IS NOT COMPLETE UNTIL THE \$300 RESOURCE FEE FOR FULL-TIME TK THROUGH 12TH GRADE IS PAID, OR THE \$150 RESOURCE FEE FOR PART-TIME TK IS PAID.
- ☐ BHA RESERVES THE RIGHT TO DENY RE-ENROLLMENT FOR ANY STUDENT WITH POOR ACADEMIC AND/OR DISCIPLINARY HISTORY.
- ☐ ALL NEW STUDENTS ARE ON PROBATION FOR THE FIRST 30 DAYS OF SCHOOL.
- ☐ I AGREE TO NOTIFY THE SCHOOL OF ANY CHANGES TO MY ADDRESS, TELEPHONE NUMBER AND/OR EMAIL.

Date: _____ Parent/Guardian Name: _____ Signature:

Date: _____ Parent/Guardian Name: _____ Signature:



TUITION CONTRACT

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As a non-profit and privately-funded institution, BHA receives financial support for its operations through the following means: Tuition, donations and fundraising efforts. Tuition is the main source of income, alhamdulillah. The success of BHA hinges upon its financial stability. The fulfillment of tuition from parents is vital to the school's operations. We appreciate our families' cooperation in meeting their financial obligations in a timely manner.

By choosing to enroll your child(ren) at BHA, you agree to the following terms and conditions. **Please initial each statement:**

- ☐ I understand and acknowledge that I have an obligation to pay tuition for the full academic year after BHA accepts this contract by enrolling or re-enrolling my child(ren) in school for the 2023-2024 academic year.
 - ☐ **2023-2024 Fee Schedule: TK (part-time): \$485 / TK (full-time): \$950 / Grades K-12: \$740**
- ☐ I understand and acknowledge that my obligation to pay tuition for the full academic year will only be discharged under the circumstances outlined below. In all circumstances, discharge will be subject to proof and approval by BHA.
 - ☐ **Death or Disability of parent(s) or child(ren)**
 - ☐ **Relocation outside of San Diego County**
 - ☐ **Loss of Job**
- ☐ I understand and acknowledge that I can utilize the following payment plans: *(Please check one)*
 - ☐ **PAYMENT IN FULL:** I will pay the full tuition for the 2023-2024 academic year by September 15th.
 - ☐ **10-MONTH PAYMENT PLAN:** I will pay tuition for the 2023-2024 academic year in 10 equal monthly payments.
- ☐ I understand and acknowledge that if I choose the 10-Month Payment Plan, tuition will become due on the 1st of the month and will be delinquent after the 5th of the month.
- ☐ I understand and acknowledge that each monthly payment that is delinquent will be fined a \$25 late fee.
- ☐ I understand and acknowledge that failure to pay tuition will result in the suspension and possible expulsion of my child(ren) from the school.
- ☐ I understand and acknowledge that unpaid fees owed to the school will be sent to collections and I will be fully responsible for any and all expenses incurred in relation to recovery, such as collection agency fees, attorney's fees and costs, and/or court costs.
- ☐ I understand and acknowledge that it is my responsibility to contact BHA in advance and set up an alternate payment arrangement if I foresee not being able to meet the financial obligation for any given month.

TUITION CONTRACT

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- ☐ [] I understand and acknowledge that BHA will withhold my child(ren)'s grades and/or transcripts until I meet all financial obligations towards BHA, including tuition, after school fees, and any other expenses. I further understand and acknowledge that my child(ren) will not be eligible for enrollment in the following academic year until all past due fees have been paid.
- ☐ [] I understand and acknowledge that if I enroll my child(ren) at BHA after the beginning of the academic year, I will have an obligation to pay tuition for the full month of enrollment and for the remaining academic year.
- ☐ [] I understand and acknowledge that I have the option to enroll in AutoPay by completing the ACH form in this enrollment packet.

In light of the above terms and conditions, I choose to enroll the following child(ren) at BHA:

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

Please indicate if you would like to take the optional 10% sibling discount. *Note that donations (zakat/sadaqat) may be used to cover any deficit in the school budget resulting from the discount. TK and KG are excluded from this discount.*

- ☐ **Yes.** I want the optional 10% sibling discount and understand this may constitute receiving zakat or sadaqah.
- ☐ **No.** I do not want the optional 10% sibling discount.

Note: BHA students are only eligible to receive one type of discount at any given time. Eligibility for the particular type of discount is determined by the school administration at its sole discretion.

The foregoing is agreed to by:

Date: _____ Parent/Guardian Name: _____ Signature: []

Date: _____ Parent/Guardian Name: _____ Signature: []



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Authorization for Direct Payment via ACH (ACH Debit)

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Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. Kindly fill this form to authorize Bright Horizon Academy/Islamic School of San Diego to debit your account for Tuition Payments.

Account Information:

Name of Account Holder(s): _____

Name of Bank/Financial Institution: _____

Account #: _____ Routing #: _____

Type of Account (please check one): ☐ Checking Account ☐ Savings Account

Please include a signed voided check with the amount of transfer shown.

Student Name(s):

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

Tuition Transfer Request:

Please note (refer to Tuition Contract for details):

☐ Monthly Tuition scale: TK (part-time): \$485 / TK (full-time): \$950 / Grades K-12: \$740

☐ Optional 10% discount per additional sibling(s), excluding TK and KG (may constitute receiving zakat or sadaqat)

☐ The full academic year is comprised of 10 equal monthly payments from September through June.

☐ Tuition is due on the 1st of the month and becomes delinquent after the 5th of the month

TOTAL amount to be debited each month: \$ _____

Total # of payments: _____ Starting month: _____ Ending month: _____

Please check which day of month to make your monthly transfer:

☐ 1st of the month ☐ 5th of the month



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Termination of ACH Debit Authorization:

Please initial:

☐ [redacted] I (we) understand that this authorization will remain in full force and effect until I (we) notify Islamic School of San Diego/Bright Horizon Academy to revoke this authorization in one of the following ways:

1. Emailing a written revocation request to finance@issdweb.org, followed by a phone call to (858) 250-0972, and/or
2. Mailing a written revocation request to BHA, 7202 Princess View Dr., San Diego, CA 92120, followed by a phone call to (858) 250-0972.

☐ [redacted] I (we) understand that Islamic School of San Diego/Bright Horizon Academy requires that the written revocation request be received at least ten (10) business days prior to the proposed effective date of the termination of authorization for it to be effective.

Signed Authorization:

I hereby authorize the Islamic School of San Diego/Bright Horizon Academy to electronically debit my (our) account as determined above.

Date: _____ Name: _____ Signature: [redacted]

Date: _____ Name: _____ Signature: [redacted]