

# BELL TOWER LANGUAGE ACADEMY

**3116 W. Main St – Alhambra – CA – 91801**  
**Phone: (626) 943 – 9970 – info@belltowerschool.com**

**Please, Place Child's  
Picture Here**

## **APPLICATION – APLICACIÓN (1)**

(Please, fill in this application completely and legibly with pen)  
(Por favor complete totalmente esta aplicación en forma legible y con tinta)

### **Child's Information**

#### **Información del Niño**

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)  
Nombre \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Address: \_\_\_\_\_ Age: \_\_\_\_\_  
Dirección \_\_\_\_\_ Edad: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male  Female   
Teléfono: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Sexo: Masculino Femenino

Child's Social Security #: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
Nro de Seguro Social del niño \_\_\_\_\_ Fecha de Inscripción \_\_\_\_\_

Primary Residence:  With Mother  With Father  With Both  With Guardian (Name) \_\_\_\_\_  
Residencia Primaria Con la madre Con el padre Con ambos Con el tutor o encargado (Nombre)

Present School of Applicant \_\_\_\_\_  
Escuela a la que concurre regularmente: \_\_\_\_\_ School Name/Nombre de la Escuela \_\_\_\_\_

Address: \_\_\_\_\_ City/Ciudad \_\_\_\_\_ State/Estado \_\_\_\_\_ Zip Code/Cod. Postal \_\_\_\_\_  
Dirección \_\_\_\_\_ Street /Calle \_\_\_\_\_ City/Ciudad \_\_\_\_\_ State/Estado \_\_\_\_\_ Zip Code/Cod. Postal \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
School Telephone/TE de la escuela \_\_\_\_\_ Grade/Grado \_\_\_\_\_ Principal's Name /Nombre del Director/a \_\_\_\_\_

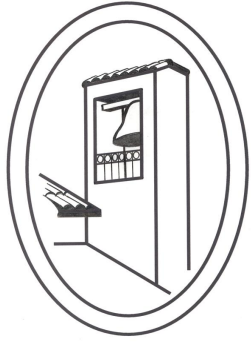
Type of School:  Private  Public  Religious  Is not attending to school  
Tipo de escuela Privada Publica Religiosa No va a la escuela aún

Primary Child's language: \_\_\_\_\_ Primary Parent's Language: \_\_\_\_\_  
Lenguaje Primario del niño/a Lenguaje Primario de los padres \_\_\_\_\_

Languages spoken by the child:  English  Spanish  Other \_\_\_\_\_  
Idiomas hablados por el niño/a Inglés Español Otro \_\_\_\_\_

Have any relatives attended to BTLA? \_\_\_\_\_ If yes, give name, relation, and class: \_\_\_\_\_  
Algún familiar concurre a BTLA? En caso afirmativo, dénos el nombre, parentesco y curso:

How did you hear about BTLA? \_\_\_\_\_  
Cómo escuchó Ud, sobre BTLA? \_\_\_\_\_



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## APPLICATION - APLICACIÓN (2)

### For Office Use Only

Date received: \_\_\_\_\_

Class: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Date Notified: \_\_\_\_\_

First Day Attended: \_\_\_\_\_

Processed by: \_\_\_\_\_

### Parent Information Información de los padres

**Enrolling Parent/Guardian Name:** \_\_\_\_\_  
 Padre/madre aplicante - Tutor o encargado (Last - Apellido) (First - Primer Nombre) (Middle/Segundo)

Relationship to child: \_\_\_\_\_  
 Relacion con el niño: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dirección Ciudad Estado Cod Postal

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Teléfono: Celular Dirección de internet

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Empleador TE del trabajo Extensión

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Dirección del trabajo Horario de trabajo

**Parent/Guardian Name:** \_\_\_\_\_  
 Padre/Madre - Tutor o encargado (Last - Apellido) (First - Primer Nombre) (Middle/Segundo)

Relationship to child: \_\_\_\_\_  
 Relacion con el niño: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dirección Ciudad Estado Cod Postal

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Teléfono: Celular Dirección de internet

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Empleador TE del trabajo Extensión

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
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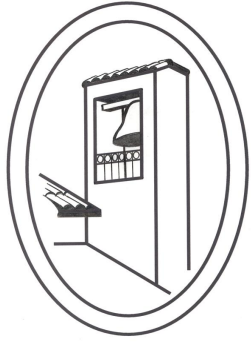
Parent's Marital Status:  Married  Single  Divorce  Widow  
 Estado Marital de los padres  Casados  Solteros  Divorciados  Viudo/a

If divorced, who has legal custody? \_\_\_\_\_  
 Si están divorciados, quién tiene la custodia legal?

May the non-custodial parent pick up the child? \_\_\_\_\_  
 Puede, el padre/madre que no tiene la custodia, retirar al niño/a?

(If yes, include in release section below. If no, documentation from the court may be required)  
 (Si la respuesta es sí, inclúyalo en la autorización que esta a continuación. Caso contrario, documentación de la corte será requerida)

THANK YOU FOR YOUR APPLICATION - PLEASE, MAKE SURE THAT EVERY SECTION IS COMPLETE  
 GRACIAS POR SU APLICACION - POR FAVOR, ASEGURESE QUE TODAS LAS SECCIONES ESTAN COMPLETAS



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## APPLICATION - APLICACIÓN (3)

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### Release Form

#### Emergency contact other than parents

Child's Name: \_\_\_\_\_

**This child will be released only to the people on this application. In case of an emergency the following persons could be contacted and pick up the child from school.**

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

The parent's of \_\_\_\_\_ signed this release form authorizing the persons in the list above to pick up the child from school in their absence without any other further requirements.

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Guardian's Signature

### Child's Medical Information

#### Información Médica del niño/a

Child's Physician: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Médico del Niño/a

Dirección

Teléfono

Any Allergies or special needs: \_\_\_\_\_

Alergias o cuidados especiales

Hospital Preference: \_\_\_\_\_

Hospital de Preferencia

Insurance Company: \_\_\_\_\_

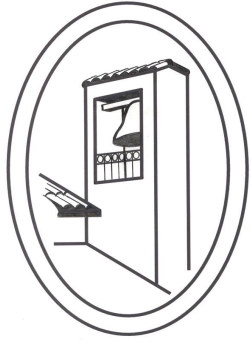
Compañía de seguros

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentista

Dirección

Teléfono



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## APPLICATION – APLICACIÓN (4)

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### Consent for Emergency Medical Treatment

I, \_\_\_\_\_ AS THE AUTHORIZED REPRESENTATIVE, HEREBY GIVE CONSENT TO **BELL TOWER LANGUAGE ACADEMY** TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY AUTHORIZED PHYSICIAN, OSTEOPATH, OR DENTIST FOR MY CHILD \_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE STUDENT NAMED ABOVE.

\_\_\_\_\_ Print

\_\_\_\_\_ Date

\_\_\_\_\_ Parent – Guardian Signature

Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cellular: \_\_\_\_\_ Office: \_\_\_\_\_

In case of an accident please notify me at \_\_\_\_\_

**Please do not give medical treatment to my child under any circumstances.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Other:

Please, add any information regarding your child's health, personality or special needs or interest you feel would be beneficial to the school

Por favor, agregue cualquier información sobre la salud, personalidad, necesidades especiales o intereses que UD, piense que podría ser beneficioso que nosotros supiéramos sobre su niño/a.

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