WEST COVINA CHRISTIAN SCHOOL

SUMMER SCHOOL REGISTRATION

June 21 – July 16, 2010

I, the parent of _____, hereby register my child for enrollment in the WCCS Summer School Program. Registration fee for the Summer School is $300.00 and must be paid prior to June 21, 2010.

I understand the emphasis will be in Math and Language Arts and will be conducted in the Junior High classrooms between 8:00 a.m. – 12:00 p.m. Monday thru Thursday. All students must be picked up by 12:15 p.m.. Any student remaining on campus after 12:15p.m. will be charged $5.00 per 15 minutes, or any portion thereof.

_____	_____	_____	_____
Student Name	Grade in Fall	Date	Home Phone #
_____	_____	_____	
Full Address-Street, City, Zip Code	Parent's Work #	Parent's Cell #	
_____	_____		
Parent Name	Parent or Guardian Signature		

OFFICE USE ONLY
Registration Paid:

_____

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