West Covina Christian Preschool Summer Daycare Registration Form

Dates: June 21 - August 20

(We will be closed July 5th)

Registration Fee: $25.00 (non-refundable)

Enrolling for:

____**Full Days - Hours 6:30 a.m. - 6:00 p.m.**

❒ **5-days (M-F)** ❒ **3-days (M-W-F)** ❒ **2-days (T, Th)**

____**Half Days - Hours 8:30 a.m. - 11:45 a.m.**

❒ **5-days (M-F)** ❒ **3-days (M-W-F)** ❒ **2-days (T, Th)**

Choose Payment Plan: ❒ **3 month due on the 1st of June, July & August**

❒ **2 month due on the 1st of June & July**

Please print. Detach and return to school with your $25.00 registration fee. Payments made after the 10th will receive a 10% late charge.

Student's Name_____

Address_____

City_____**Zip**_____

Home Phone_____

Mother's Name_____

Mother's Work Phone_____**Cell #**_____

Father's Name_____

Father's Work Phone_____**Cell #**_____

Please check which weeks your child will attend this summer:
(you are required to attend 8 of the 9 full weeks)

June ❒	**21-25**	**July** ❒	**6-9**	**August** ❒	**2-6**
❒	**28-7/2**	❒	**12-16**	❒	**9-13**
		❒	**19-23**	❒	**16-20**
		❒	**26-30**		

In signing below, you agree to the following:

1. To permit the above child to participate in all summer activities and to receive emergency treatment and medical care if required.
2. To cooperate with this school in all matters pertaining to discipline and assist the teachers in these matters.
3. To pay summer program fees by the due dates.
4. To commit to pay for eight of the nine full weeks to attend.

Parent's Signature_____ **Date**_____

Please make checks payable to West Covina Christian School. Please make summer program payments separate from other payments.

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