WEST COVINA CHRISTIAN SCHOOL

Summer Enrichment Program Registration

❑ Session #1 June 30 – July 21, 2011 ❑ Session #2 July 22 - August 11, 2011

❑ I will need Day Care 6:30 - 9:00am & 3:00 - 6:00pm at $100.00 per session

I, the parent of _____, hereby register my child for enrollment in the WCCS Summer Enrichment Program. The total cost for the Summer Enrichment Program is $275.00 per session. A $50.00 non-refundable deposit must be paid by May 16, 2011 to reserve your place. SPACES ARE LIMITED.

I understand the emphasis in the mornings will include all academics with the afternoons offering a variety of fun enrichment activities. Classes will meet Monday thru Friday from 9:00am to 3:00pm. All students must be picked up by 3:15pm or will need to be enrolled in the Day Care program.

_____ _____ _____

Student Name Grade in Fall Home Phone #

_____ _____

Parent Name Parent or Guardian Signature

OFFICE USE ONLY

Session #1 Deposit Paid: _____ Balance (Due on or Before June 27, 2011) Paid: _____

Day Care Session #1 Paid:_____ Balance (Due on or Before June 27, 2011) Paid: _____

Session #2 Deposit Paid: _____ Balance (Due on or Before July 18, 2011) Paid: _____

Day Care Session #2 Paid:_____ Balance (Due on or Before June 27, 2011) Paid: _____

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