

# WEST COVINA CHRISTIAN PRESCHOOL SUMMER DAYCARE

## REGISTRATION FORM

**DATES: JUNE 12 - AUGUST 11**  
(We will be closed July 4th)

REGISTRATION FEE: \$50.00 (NON-REFUNDABLE) \_\_\_\_\_

ENROLLING FOR:

\_\_\_ FULL DAYS - HOURS 6:30 AM - 6:00 PM     5-DAYS (M-F)     3-DAYS (M-W-F)     2-DAYS (T, TH)

\_\_\_ SCHOOL DAYS - HOURS 8:00 AM - 3:00 PM     5-DAYS (M-F)     3-DAYS (M-W-F)     2-DAYS (T, TH)

\_\_\_ HALF DAYS - HOURS 8:00 AM - 11:45 AM     5-DAYS (M-F)     3-DAYS (M-W-F)     2-DAYS (T, TH)

CHOOSE PAYMENT PLAN:  3 MONTHS DUE ON THE 1ST OF JUNE, JULY & AUGUST

2 MONTHS DUE ON THE 1ST OF JUNE & JULY

Please print. Detach and return to school with your \$50.00 registration fee. Tuition payments are due on the 1st and charged a 10% late fee if received after the 10th.

STUDENT'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

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 6 of the 9 full weeks)

JUNE     12-16     19-23     26-30

JULY     3-7     10-14     17-21     24-28    (7/4 No SCHOOL)

AUGUST     7/31-4     7-11

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 six of the nine full weeks to attend.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Make checks payable to West Covina Christian School (WCCS).

Please make summer program payments separate from other payments.

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