

WEST COVINA CHRISTIAN PRESCHOOL SUMMER DAYCARE

REGISTRATION FORM

DATES: JUNE 11 - AUGUST 10
(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 11-15 18-22 25-29

JULY 2-6 9-13 16-20 23-27 (7/4 No SCHOOL)

AUGUST 7/30-3 6-10

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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