



A MINISTRY OF BETHANY CHURCH

763 North Sunset Avenue ♦ West Covina CA 91790
(626) 962-7089 ♦ (626) 962-1589 Fax



Select Payment Choice:

- EFT 1st 15th
- Pay in Full Two Payments
- Payment Plan (\$10 Fee ea. month)

STUDENT APPLICATION FOR PRESCHOOL

Applying for: (Please check) Full Day School Day Half Day 5 days M-F 3 days M-W-F 2 days T-Th

Registration Fee: \$100.00 Date _____ cash check # _____

Curriculum/Class/Resource Fee: \$100.00 Date _____ cash check # _____

(Please make out separate checks for the above fees payable to WCCS)

Registration Packet Received: Date _____

PLEASE COMPLETE EVERY SECTION. PLEASE PRINT OR TYPE IN BLACK INK.

Student's Name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____ Sex M F

Date of Birth _____ Place of Birth _____

Primary Language _____

This child lives with: (circle one) Mother & Father Foster Parents Mother Only Grandparents Father Only Other: _____

If parents are divorced/separated, who has legal custody of the child? _____ *If yes, custody papers are required upon submission of the Registration Packet. Can other parent have contact with child? Yes No Pick up the child? Yes No

Father/Guardian Name _____ Cell Phone _____

Employer _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Hours _____ to _____

Mother/Guardian Name _____ Cell Phone _____

Employer _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Hours _____ to _____