

The Preschool at Claremont United Methodist Church

<u>OFFICE USE</u>	
Enrollment _____	Check # _____
Date Received _____	

Enrollment Application 2010 Summer School

Dates: June 28th – Aug 13th

Child's Name _____ Birth Date: _____

Home Phone: _____ Cell: _____

Address _____
Street City Zip

Email _____

ALLERGIES:

(If yes, please fill out allergy form)

<u>FOR NEW FAMILIES ONLY</u>	
How did you hear about us? _____	
Mother's Name: _____	Cell Phone: _____
Father's Name: _____	Cell Phone: _____

PROGRAM INFORMATION Hours 9am – 12pm

Mon. – Fri. (\$625.00) _____ Mon./Wed./Fri.(\$420.00) _____ Tues./Thurs.(\$300.00) _____

Name of Adult participating in the program: _____

Do you have a current TB test: _____ Date of TB: _____

Would you be interested in a 9am – 2pm program? _____

PERMISSION FOR FIELD TRIPS AND PICTURES:

I give my permission for my child to be taken on short walks away from the school. I also give permission to staff to take pictures of my child for school use such as brochures and website.

Parent signature: _____ Date: _____

***** FEE of \$20.00 is non-refundable. \$100.00 non-refundable deposit to be applied to tuition.

Priority is given according to date of receipt.

Reg app Summer 1 08

215 W Foothill Blvd Claremont 91711 (909)624-8223