

Enrollment Fee \$20 Per Child

Paid: _____ Check

_____ Cash

College Heights Christian School Extended Care
Application for Admission
2010-2011

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Mother/Guardian's Phone Numbers: Father/Guardian's Phone Numbers:

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Other: _____

Other: _____

Who to call if parent(s) cannot be reached:

Relationship: _____

Phone: _____

I understand that my child(ren) is required to submit to the regular policies and disciplinary regulations as required during the school day. In addition, the Extended Care enrollment fee of \$20.00 per child is non-refundable.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date