

# Preschool Summer Registration 2020

St. John's Children's Center  
4500 Buena Vista Road  
Bakersfield, CA 93311-9702  
(661)664-9127 Fax: (661)664-9195



**Summer Activity Fee: \$75.00**  
**Fee is due by Monday, May 4th.**

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Sex of child  M  F Native Country \_\_\_\_\_ Citizenship \_\_\_\_\_

Race \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

List of allergies:

\_\_\_\_\_  
(Food, medicine, etc.)

## **Additional people authorized to take my child(ren) from facility:**

Should an emergency situation arise during the school day with your child, the parents will be called first.

If parents can't be reached, we will contact the people listed below in numerical order.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

As the parent, or legal guardian, I hereby give consent to St. John's Children's Center to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please indicate with an "X" which days your child will be attending

June 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**Monthly Tuition Rates**  
 June- 19/20 school year  
 tuition rate  
 July-20/21 school year  
 tuition rate will apply

**Weekly Tuition Rates**  
 5 Days- \$240  
 3 Days (Monday, Wednesday,  
 Friday)- \$150  
 2 Days (Tuesday, Thursday)  
 - \$106

**Payment Policy:**  
 Weekly- On the first day of  
 the week.  
 Monthly- On the first day of  
 the month  
 A \$15.00 late fee will be  
 assessed after this day.

**Tuition is due for each week registered regardless if your child attends or not.**  
 Our center will be staffed according to the number of children registered each week so  
 unfortunately last minute changes will not be possible.

**For weekly families,** please be mindful of your attendance choices, as tuition adjustments will  
 not be made for the days that the school is closed.

Parent Signature: \_\_\_\_\_