

# Bethany Lutheran Preschool

1011 Ulatis Dr • Vacaville, CA 95687 • Phone 707-451-66785 • Fax 707-451-1740

## Summer Enrichment Registration — 2019

Program Code: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  Male  Female

Student's Address: \_\_\_\_\_  
(Street) (City) (Zip)

Student's Birthdate: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_  
(Please print clearly.)

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_  
(Please print clearly.)

Home Address Same as Above

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### REGISTRATION INFORMATION

REGISTRATION WILL BE BASED ON SPACE AVAILABILITY

Please indicate your program and circle your session choice(s) below:

\_\_\_ Full Time S-1, S-2, S-3 7:00am-6:00pm M-F

\_\_\_ Part Time S-4, S-5, S-6, S-7, S-8 8:00am-12:00pm M-F

### FINANCIAL AGREEMENT

This contract is a partnership between Bethany Lutheran Schools (hereinafter referred to as BLS) and the parents or guardians of the student listed, I/We hereby enroll said student with the following agreements.

1. School accounts for the 2018-2019 school year must be paid in full before beginning any summer program.
2. Payment for summer program must be made through ACH (automated check handling) which will be drawn on a monthly basis or must be paid in full before the first day of camp for that month. If you do not have a current ACH account with Bethany, one can be established by completing the ACH form.
3. Late fees of \$25 are assessed for payments not received by the due date. A \$25 returned check fee is assessed for all returns.
4. After hours fees for students who remain on campus after 12:00pm (part day) or 6:00pm (full day) will be \$5.00 for every 5 minutes or portion thereof.
5. Tuition will not be prorated due to absence or late entry.

I/WE HAVE READ AND UNDERSTAND THE AFOREMENTIONED CONTRACT FOR PAYMENT AND AGREE TO COMPLY. I/WE ALSO AGREE THAT WE ARE PERSONALLY RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF THIS ENROLLMENT.

I/We, agree to be financially responsible for paying the program tuition and all fees.

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