



**Registration Form (2) for 2020 Summer Full Day Care**  
(For children 6 years of age to 10 years of age)

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Last Name First Name

Name of School Attending: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Sex: M / F

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other persons authorized to take the child from our facility:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Food Restrictions: \_\_\_\_\_

**Check the weeks that your child will attend. No changes can be made after form has been submitted.**

**Weeks (July and August)**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> July 6 - 10  | 5. <input type="checkbox"/> August 3 - 7                  |
| 2. <input type="checkbox"/> July 13 - 17 | 6. <input type="checkbox"/> August 10 - 14                |
| 3. <input type="checkbox"/> July 20 - 24 | 7. <input type="checkbox"/> August 17 - 21                |
| 4. <input type="checkbox"/> July 27 - 31 | 8. <input type="checkbox"/> *August 24 & 25 (2 days) \$90 |

**Fees**

5 days: \$180 /week

\*TUSD-School will begin on August 26, 2020

**Full Day Care fees are non-refundable. Fill out and email us the registration form. The total amount of fee will be sent to parent when space is available. Submit a check payable to BOLCCCC/BOL After School or make payment online to confirm the registration. No refunds, schedule changes or cancellations can be made after registration form and payment have been submitted.** \_\_\_\_\_ (Parent's' initial)

My child is able to participate in the Summer Full Day Care Program offered. I have read and understand the COVID-19 operation guidelines. I agree to notify the Program Director of any physical, medical, emotional, and behavioral conditions and concerns of my child that require special attention. I understand that the Bread of Life Church's Summer Program reserves the right to require the removal of my child from the program if my child exhibits a threat to the safety of the program. My child has my permission to attend the religious services or activities that will be held on the premises. I understand BOLCCC may show my child's photos on the website page if needed for BOLCCC Programs Advertisements. I understand and agree to abide by the policies of BOLCCC Parent Handbook.

Signature of Parent(s) / Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_