

Bread of Life Christian Children Center 2025 Summer Full Day Care

2780 Lomita Blvd., Torrance, CA 90505

Phone: 310-602-0185 Fax: 310-325-7853

Breadoflifechurch.org/BOL_ChildrenCenter

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Registration Form (Registration begins March 4, 2025)

(For children 4 years and 10 months of age to 12 years of age)

Child's name: _____ 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: _____

Allergies/Medication: _____

Weeks Attending: please check* ✓

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|--|---|
| Week* | Week* |
| 1. <input type="checkbox"/> June 16-20 \$300 | 6. <input type="checkbox"/> July 21-25 \$300 |
| 2. <input type="checkbox"/> June 23 - 27 \$300 | 7. <input type="checkbox"/> July 28- August 1 \$300 |
| 3. <input type="checkbox"/> June 30-July 4 (4 th closed) * \$300 | 8. <input type="checkbox"/> August 4 - 8 \$300 |
| 4. <input type="checkbox"/> July 7-11 \$300 | 9. <input type="checkbox"/> August 11 - 15 \$ 250 |
| 5. <input type="checkbox"/> July 14-18 VBS-AM/ SDC- PM \$250 (VBS \$50 included) | |

* closed on July 4 (Friday) in observance of Independence Day

Fees

Registration fee: \$30 registration

Weekly fee: \$300/week with Field Trip

Fees are non-refundable. Total payment will be collected after Registration form has been received and confirmed by BOLCCC office. No refunds, schedule changes or cancellations can be made after June 2, 2025. Details are in Parents' Handbook. _____ (Parent's' initial). Make checks payable to **Bread of life Church**. Payments can also be made with **Push Pay** online.

My child is able to participate in the Program described. 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 Summer Program reserves the right to require the removal of my child from the program. My child has my permission to attend the religious services or activities that will be held on the premises. I permit the Bread of Life Church to show my child's photos on the website page if needed for BOLCCC Programs Advertisements. I understand and agree to abide by the policies set in the Summer Program Parent Handbook; available in the office by request or online at breadoflifechurch.org/BOL_ChildrenCenter/SummerDayCamp

Signature of Parent/Guardian: _____ Date: _____