

California Heights United Methodist Children's Center  
1160 E. Bixby Rd.  
Long Beach, CA 90807  
562-595-0056

Preschool Lic. # 191601679

Afterschool Lic. # 191605684

Summer 2020  
Preschool Enrollment Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Current student at Cal Heights? \_\_\_\_\_ Age in Sept. 2020 \_\_\_\_\_



**Parent Information**

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Vacation Discounts:**

Vacation discounts are for full-weeks (M-F) only. They are calculated prior to the start of each session. There is no compensation for absences other than prearranged vacation weeks. Schedules cannot be changed after the start of each session.

**Summer Registration Fee:**

One \$25.00 fee is charged for new students.

**Payments:**

Tuition is due before or on the first day of each session.

**Directions:**

Please complete the Enrollment Information and return it to the school office. The office will calculate your amount due.

I agree to the above charges and all policies in the California Heights United Methodist Children's Center Handbook.

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



Session I  
June 15-July 2  
(Closed July 3<sup>rd</sup>)

Check one:

8:00-12:30 \_\_\_\_\_

7:00-6:00 \_\_\_\_\_

Check one:

T Th \_\_\_\_\_

MWF \_\_\_\_\_

M-F \_\_\_\_\_

Please write down your vacation weeks for Session I.

Vacation:

\_\_\_\_\_  
\_\_\_\_\_

Office Use Only

Tuition \_\_\_\_\_

Vacation Discount \_\_\_\_\_

Registration \_\_\_\_\_

Key Fob \_\_\_\_\_

Cot Sheet \_\_\_\_\_

Total Paid \_\_\_\_\_

Check #/Cash \_\_\_\_\_

Session II  
July 6-31

Check one:

8:00-12:30 \_\_\_\_\_

7:00-6:00 \_\_\_\_\_

Check one:

T Th \_\_\_\_\_

MWF \_\_\_\_\_

M-F \_\_\_\_\_

Please write down your vacation weeks for Session I.

Vacation:

\_\_\_\_\_  
\_\_\_\_\_

Office Use Only

Tuition \_\_\_\_\_

Vacation Discount \_\_\_\_\_

Registration \_\_\_\_\_

Key Fob \_\_\_\_\_

Cot Sheet \_\_\_\_\_

Total Paid \_\_\_\_\_

Check #/Cash \_\_\_\_\_

Session III  
August 3-21  
(Closed August 24-31)

Check one:

8:00-12:30 \_\_\_\_\_

7:00-6:00 \_\_\_\_\_

Check one:

T Th \_\_\_\_\_

MWF \_\_\_\_\_

M-F \_\_\_\_\_

Please write down your vacation weeks for Session I.

Vacation:

\_\_\_\_\_  
\_\_\_\_\_

Office Use Only

Tuition \_\_\_\_\_

Vacation Discount \_\_\_\_\_

Registration \_\_\_\_\_

Key Fob \_\_\_\_\_

Cot Sheet \_\_\_\_\_

Total Paid \_\_\_\_\_

Check #/Cash \_\_\_\_\_