

K Anthony Pre School
SUMMER ENROLLMENT 2026

8708 CRENSHAW BLVD
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(323) 751-2646
(323)751-2646 -FAX: (323) 751-2499

ACCOUNTING DEPT

WEEKLY PAYMENTS	
1 CHILD	\$225.00 EACH WEEK
2 CHILDREN	\$300.00 EACH WEEK
3 CHILDREN	\$380.00 EACH WEEK
4 CHILDREN	\$520.00 EACH WEEK
Payments can be made	
<input type="checkbox"/> weekly or	
<input type="checkbox"/> biweekly	
No monthly plan during plan during the summer	
Payments are due every Monday morning	

SPECIAL CHARGES	
LATE PICK UP:	\$30.00 IS CHARGED EACH DAY A CHILD PICKED UP AFTER 6 P.M.
LATE PICKUP STARTS AT 6:01 P.M. LATE PAYMENT IS DUE AT PICKUP THE SAME DAY	
LATE DAY CARE: \$5.00 CHARGED FOR EACH WEEK YOUR DAY CARE ACCOUNT IS DELINQUENT	

School Hours: 6:30A- 6:00P Monday through Friday

PLEASE NOTE: We Accept Crystal Stairs, CalWORKs, the Bridges Program and Drew

Child's name _____ Current School _____

Current Grade _____ D.O.B. _____ Age _____ Sex _____

Mother's Name _____	_____
Home Address _____	City _____ Zip _____
Home Phone _____	Cell Phone _____
Employed by _____	Occupation _____
Business Address _____	_____
_____	Business Phone _____
_____	City _____ Zip _____
Email Address _____	_____

Father's Name _____	_____
Home Address _____	City _____ Zip _____
Home Phone _____	Cell Phone _____
Employed by _____	Occupation _____
Business Address _____	City _____
_____	Zip _____
Email Address _____	Business Phone _____

Child's Nearest Relative:

Name _____ Relationship _____

Home Address _____ City _____

Home Phone _____ Cell Phone _____

Email Address _____

PLEASE PRINT – PARENT OR GUARDIAN

SIGNATURE – PARENT OR GUARDIAN

RELATIONSHIP

DATE

VER SUM 1.5

K Athony Pre School

ENROLLMENT

Please print clearly...

AUTHORIZATION TO REMOVE CHILD FROM SCHOOL

LAST NAME **FIRST NAME** **HOME PHONE**

HOME ADDRESS **CITY** **DRIVER'S LIC#**

LAST NAME **FIRST NAME** **HOME PHONE**

HOME ADDRESS **CITY** **DRIVER'S LIC#**

LAST NAME **FIRST NAME** **HOME PHONE**

HOME ADDRESS **CITY** **DRIVER'S LIC#**

LAST NAME **FIRST NAME** **HOME PHONE**

HOME ADDRESS **CITY** **DRIVER'S LIC#**

EMERGENCY AUTHORIZATION

1. K Anthony's staff will call the paramedics (911) to attend the child in case of an emergency.
****PLEASE SIGN ONE OF THE FOLLOWING AUTHORIZATIONS****
2. "In case of an emergency, when authorized people cannot be reached (as listed above K Anthony's staff will take whatever action that is reasonable and appropriate under the circumstances for the welfare of the child."

SIGNATURE OF PARENT OR GUARDIAN

3. "In case of an emergency, when authorized people cannot be reached (as listed above), K Anthony's officials will not render nor arrange for the medical treatment other than FIRST AID"

SIGNATURE OF PARENT OR GUARDIAN DOCTOR'S

INFORMATION

Doctor's Name _____ Phone No. _____

Address _____ City _____ Zip Code _____

Name of Insurance Provider _____ Insurance# _____

DATE

SIGNATURE OF PARENT OR GUARDIAN

RELATION