**K Anthony Pre School**

**SUMMER ENROLLMENT 2025**

8**708 CRENSHAW BLVD (323) 751-2646**

**ACCOUNTING DEPT 8418 CRENSHAW BLVD ( 323)758-1960 -FAX: (323) 758-2856**

|  |  |  |  |
| --- | --- | --- | --- |
| ***WEEKLY PAYMEN***   1. ***CHILD*** 2. ***CHILDREN*** 3. ***CHILDREN*** 4. ***CHILDREN***   ***Payments can be made***  *□* ***weekly or***  *□* ***biweekly***  No monthly plan during plan during the summer  Payments are due every Monday morning | **TS**  **$225.00 EACH WEEK**  **$300.00 EACH WEEK**  **$380.00 EACH WEEK**  **$520.00 EACH WEEK** |  | **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 City Zip    Business Phone    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\*\***   1. **“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**   1. **“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**

**VER SUM 1.5**