**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**

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| ***WEEKLY PAYMEN***1. ***CHILD***
2. ***CHILDREN***
3. ***CHILDREN***
4. ***CHILDREN***

***Payments can be made***  *□* ***weekly or***  *□* ***biweekly*** No monthly plan during plan during the summerPayments 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

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| 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  |

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| **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**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **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#**  |
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| **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#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

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 **DATE SIGNATURE OF PARENT OR GUARDIAN RELATION**

**VER SUM 1.5**