West Valley Christian Academy Child Care-Cougar Club

1790 Sequoia BLVD. Tracy, CA 95376 WestValleyChristianAcademy.com



Student Information

First Name:		M.I.:	Last Name:	Name:		
Birthdate:	Age:		Sex: M or F	Ethnicity:		
Siblings Enrolled in C	l Child Care and/or '	WVCA:				
Grade your child is e	entering 2020-202	1 school year	?			
Student History			_	_		
Has your child previo	ously attended Co	ugar Club or	Cougar Club Summ	ner Program?		
Has your child previo	ously attended a C	Child Care or S	Summer Care expe	rience?		
If yes, did your child	have positive exp	erience?				
Has your child been last academic year?	-	obation of an	y type, or had beh	avioral concerns in the		
What are your child	's strengths?					
Has your child ever l concern, or have a c			a developmental o	or mental health		
Authorized Representa	ative (Parent/Guarc	dian)				
First Name:		Last Name:		Relationship:		
Address:		City:	Zip	Code:		
Home Phone:	Cell Ph	none:	Work	Work Phone:		
SSN:	CA Dri	iver License #:	· ·	Representative Live with the Parent? Y or N		
Email Address:	I			-		

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Additional Authorized Penrocentative (Parent/Guardian)

Additional A	utnorizea Representa	tive (Pai	rent/Guardian)				
First Name:		Last Name:		Relationship:			
Address:			City:		Zip Code:		
Home Phone: Cel		Cell Ph	Cell Phone:		Work Phone:		
SSN:		CA Driver License #:			Representative Live with the Parent? Y or N		
Email Addre	ess:						
Schedule						ild Care- Cougar Club Fee n be added later.	
Selection	ion Program Option 2020-2021 Before <u>AND</u> After		Schedule		ule		
			Dissmiss		r-Friday 7:00 AM-8:25 AM, School sal Time- 7:00 PM <u>AND S</u> chool siving/Spring Break Camps.		
2020-2021 Before School Care						00 AM-8:25 AM	
2020-2021 After School Care			•	Monday-Friday School Dismissal Time- 5:30 PM and Minimum Days			
Consent for	Student Release						
permission fo		ugar Clu	b to photograph i	ny child f	or classro	give my nom use as an enrolled circle Y (Yes) or N (No)	
Y or N Year	book						
YorN Web	site and Marketing Ma	aterials					
YorN New	sletter						
Authorized Representative Signature:					Date:		
WVCA Child	inatory Statement Care and Preschool do he rights, privileges, pi					nationality, or ethnic ailable to students at this	

center.