

Bethany Early Childhood Education Center
18 Sophia Grace Dr., Fishersville, VA 22939
(540) 942-4361, Ext.. 3

Application for Summer Care

Student Name: _____ Students Age: _____

Summer Care - \$35 /single OR \$60/family non-refundable registration fee.
June thru August, 7:30 A.M.—6:00 P.M.

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Relationship to Child: _____

Relationship to Child: _____

E-mail address: _____

E-mail address: _____

Full Home Address: _____

Full Home Address: _____

Home Phone: Cell Phone: _____

Home Phone: Cell Phone: _____

Work Phone: _____

Work Phone: _____

Employer & Occupation: _____

Employer & Occupation: _____

Choose Option

- ☐ 3 days (\$595/month)
☐ 5 days (\$695/month)
☐ Half Days 5 days a week (\$350/month) 8:30a.m.-12:30p.m.

Choose Days of the week

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ All

You may choose which months/month

☐ June. ☐ July. ☐ August. ☐ Week Children go back to Elementary-school (\$150.00 Charge)

EMERGENCY CONTACTS

The following individuals are permitted to pick up the child and should be contacted if the parent(s) are unavailable

1. Name: _____

2. Name: _____

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Parent /Guardian Signature: _____ Date: _____