

**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:** _____