



# West Charleston Enrichment Academy

3216 W. Charleston Blvd. Suite B, Las Vegas, Nevada 89102  
(702) 236-8818

## Summer Application & Information

- Complete the Student Information section and the Program section.
- Read the conditions on the reverse side of this sheet and sign.
- Submit this application, along with the appropriate fees to West Charleston Enrichment Academy.

### STUDENT INFORMATION:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: ☐ M ☐ F

NAME OF SCHOOL CHILD WILL BE ATTENDING IN THE FALL: \_\_\_\_\_

GRADE CHILD WILL BE ENTERING: \_\_\_\_\_

WHAT WOULD YOU LIKE YOUR CHILD TO ACCOMPLISH IN SUMMER SCHOOL : \_\_\_\_\_

- Registration Fee: In lieu of a registration fee you will provide a check upon enrollment for each week that you would like your child to attend. We will only be holding the summer program for weeks that we have the equivalent of 4 full time students enrolled by April 19, 2019. Checks for weeks that we do not have sufficient enrollment will be returned on April 22<sup>nd</sup>. Checks will be cashed the Friday before the week your child will attend.
- Full day 9:00am-3:00pm: \$40 per day/\$175 per week (does not include extended care)
- Morning academics only 9:00am-12:00pm: \$25 per day/\$110 per week
- Afternoon Activities only 12-3:00pm: \$25 per day/\$110 per week
- Extended Care: \$10 per day
- FIELD TRIPS WILL HAVE THEIR OWN COSTS

Weeks	Days	8-9:00	9-12:00	12-3:00	3-5:00
June 3-7	M T W TH F				
June 10-14	M T W TH F				
June 17-21	M T W TH F				
June 24-28	M T W TH F				
July 1-5	M T W TH F				
July 8-12	M T W TH F				
July 15-19	M T W TH F				
July 22-26	M T W TH F				

For School Use Only

Date rec'd.: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ App. Complete \_\_\_\_\_

Signature of person receiving application \_\_\_\_\_

## STUDENT INFORMATION

Name that student will use at school

Medical needs and special conditions (Include explanation of any medical conditions/allergies affecting your child that the school should be aware of)

Student's Address

City

State

Zip

Telephone Number

## PARENT/GUARDIAN INFORMATION (Please list persons responsible for student.)

### MOTHER

Last Name

First

Middle

Relationship

Home Phone

Pager or Cell

Home Address

City

State

Zip

Occupation

Employer Name

Work Telephone

### FATHER

Last Name

First

Middle

Relationship

Home Phone

Pager or Cell

Home Address

City

State

Zip

Occupation

Employer Name

Work Telephone

### GUARDIAN

Last Name

First

Middle

Relationship

Home Phone

Pager or Cell

Home Address

City

State

Zip

Occupation

Employer Name

Work Telephone

## RESPONSIBLE PAYMENT INFORMATION

Last name of person responsible for tuition payment

First

Middle

Social Security Number

Street Address

City

State

Zip Code/Phone Number

## **PARENT/GUARDIAN ACKNOWLEDGMENT**

*I have read and understand the conditions listed below and on the reverse side of this sheet and hereby agree to obligate myself to this agreement.*

1. Checks for each week your child is to attend will be due by April 19<sup>th</sup>, in order to determine if there is sufficient enrollment for the week.
2. Checks will be cashed the Friday preceding attendance. If a student wishes to come on a week for which they have not provided an advance check, they may do so the Friday before that week.
3. In case of illness or emergency, parents will be notified and asked to pick up their child. If parents cannot be reached, another emergency contact person will be called.
4. Each child will bring his or her own lunch and snacks. Microwaves are available for heating meals.
5. A child is considered officially enrolled when we have a signed contract, a completed registration card, shot record, and field trip permission slip.
6. A \$30.00 fee is charged on all returned checks. After two returned checks, all fees will be on a cash basis only.
7. Children remaining past closing time will be charged \$1.00 per minute.

Parent Signature: \_\_\_\_\_