

GLENDORA UNIFIED SCHOOL DISTRICT
EXTENDED DAY-CARE PROGRAM
ENROLLMENT APPLICATION

My child will attend _____ in Fall of 2020.
(School Name)

Child's Name (Last, First) _____ Check one: M F
Birth date: _____ Age: _____ Grade in Fall of 2020: _____
Month-Day-Year

If registering for part-time care please indicate the days you are registering for:
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Mailing/Billing address:
Name _____
Address _____
City _____ Zip _____
I prefer email billing _____ paper billing _____
Send email billing to: _____

Parent/Guardian 1	Parent/Guardian 2
First Name _____	First Name _____
Last Name _____	Last Name _____
Cell Phone (____) _____	Cell Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____
Employer _____	Employer _____

**In the event of withdrawal from the program,
I understand that the \$120 deposit is non-refundable.**

Signature Date Signature Date

Return along with a \$120 **non-refundable** deposit for each child to:

WILLIAMS EDUCATIONAL CENTER
CHILD DEVELOPMENT OFFICE
301 SOUTH LORAIN
GLENDORA, CA 91741