

GLENDORA UNIFIED SCHOOL DISTRICT
MIDDLE SCHOOL EXTENDED DAY-CARE PROGRAM
ENROLLMENT APPLICATION

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

Name (Last, First)

Check one: M F

Birth date: _____ Age: _____ Grade in Fall of 2020: _____
Month-Day-Year

Please indicate times you are registering for:

A.M. only _____ P.M. only _____ A.M. and P.M. _____

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 bills 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 student to:
WILLIAMS EDUCATIONAL CENTER
CHILD DEVELOPMENT OFFICE
301 SOUTH LORAIN AVENUE
GLENDORA, CA 91741