

GLENDORA UNIFIED SCHOOL DISTRICT
EXTENDED DAY-CARE PROGRAM
MONDAY ONLY ENROLLMENT APPLICATION

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

_____ Check one: M F
Child's Name (Last, First)

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

Mailing/Billing address:

Name _____

Address _____

City _____ Zip _____

I prefer email billing _____ paper billing _____

Send email billing to: _____

Parent/Guardian 1

First Name _____

Last Name _____

Cell Phone (____) _____

Work Phone (____) _____

Employer _____

Parent/Guardian 2

First Name _____

Last Name _____

Cell Phone (____) _____

Work Phone (____) _____

Employer _____

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

Signature

Date

Signature

Date

Return along with a \$80 **non-refundable** deposit for each child to:

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