

FRIENDS CHRISTIAN SCHOOL  
LITTLE FRIENDS PRESCHOOL  
SUMMER PROGRAM 2021

Currently Enrolled In:

Little Friends Preschool Yes \_\_\_ No \_\_\_  
Friends Christian Preschool Yes \_\_\_ No \_\_\_  
Other Yes \_\_\_ No \_\_\_ If yes, Name of School \_\_\_\_\_

Currently (2020-2021 school year) Enrolled in \_\_\_\_\_ program. (2's, 3's, pre-k or Junior K)

For the Summer I would like to enroll in: (check session & number of days)

Full 8-week Summer Program June 21<sup>st</sup> thru Aug. 13<sup>th</sup> M-F \_\_\_ MWF \_\_\_ T/TH \_\_\_  
Session I - June 21<sup>st</sup> thru July 16<sup>th</sup> M-F \_\_\_ MWF \_\_\_ T/TH \_\_\_  
Session II - July 19<sup>th</sup> thru Aug. 13<sup>th</sup> M-F \_\_\_ MWF \_\_\_ T/TH \_\_\_  
*SCHOOL WILL BE CLOSED Monday, July 5<sup>th</sup>*

STUDENT'S NAME: \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

PRIMARY PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_  
Mo. Day Year

ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

Additional Emergency Number: \_\_\_\_\_ Name: \_\_\_\_\_

Number: \_\_\_\_\_ Name: \_\_\_\_\_

Additional Persons Authorized to pick up a child: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

EXTENDED CARE:

For staffing purposes, please indicate the Extended Care hours that you may be using:

Extended Care (morning): 7:00-9:00am \_\_\_ 8:00-9:00am \_\_\_  
Extended Care (afternoon): 1:00-3:00pm \_\_\_  
1:00-4:00pm \_\_\_  
1:00-6:00pm \_\_\_

Will only use occasional Extended Care: \_\_\_

\*Extended Care will be billed at the end of each month. It is NOT included in your tuition payment.

I agree to abide by the financial policies of FCS: \_\_\_\_\_

Signature

Signature