



# 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 fee 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 OUR SUMMER PROGRAM?:  
\_\_\_\_\_  
\_\_\_\_\_

- Registration Fee: There is a \$25 registration fee. Payment for the week is due on the first day of attendance, usually Monday.
- 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
May 29-June 2	M T W TH F				
June 5-9	M T W TH F				
June 14-18	closed	X	X	X	X
June 19- 23	M T W TH F				
June 26 - 30	M T W TH F				

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **PARENT/GUARDIAN ACKNOWLEDGMENT**

*I have read and understand the conditions listed below and hereby agree to obligate myself to this agreement.*

1. 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.
2. Each child will bring his or her own lunch and snacks. Microwaves are available for heating meals.
3. A child is considered officially enrolled when we have a signed contract, a completed registration card, shot record, and field trip permission slip.
4. A \$30.00 fee is charged on all returned checks. After two returned checks, all fees will be on a cash basis only.

ParentSignature:

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## 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