



# 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 fees 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 SUMMER SCHOOL : \_\_\_\_\_

- Registration Fee: In addition to a \$25 registration fee, you will provide a check upon enrollment for each week that you would like your child to attend. We will only be holding the summer program for weeks that we have the equivalent of 4 full time students enrolled. Checks for weeks that we do not have sufficient enrollment will be returned. Checks will be deposited the Friday before the week your child will attend.
- 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 31-June 4	M T W TH F				
June 7-11	M T W TH F				
June 14-18	M T W TH F				
June 21-June 25	M T W TH F				
June 28 - July 2	M T W TH F				
July 5-9	M T W TH F				
July 12-16	M T W TH F				
July 19-23	M T W TH F				

For School Use Only			
Date rec'd.:	Check #	Amount	App. Complete
_____	_____	_____	_____
Signature of person receiving application _____			

## **PARENT/GUARDIAN ACKNOWLEDGMENT**

*I have read and understand the conditions listed below and on the reverse side of this sheet and hereby agree to obligate myself to this agreement.*

1. Checks for each week your child is to attend will be due upon enrollment in order to help determine if there is sufficient enrollment for each week.
2. Checks will be deposited the Friday preceding attendance. If a student wishes to come on a week for which they have not provided an advance check, they may do so if space is available. Payment is due the Friday before that week.
3. 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.
4. Each child will bring his or her own lunch and snacks. Microwaves are available for heating meals.
5. A child is considered officially enrolled when we have a signed contract, a completed registration card, shot record, and field trip permission slip.
6. A \$30.00 fee is charged on all returned checks. After two returned checks, all fees will be on a cash basis only.

Parent Signature: \_\_\_\_\_

## STUDENT INFORMATION

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*Name that student will use at school*

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*Medical needs and special conditions (Include explanation of any medical conditions/allergies affecting your child that the school should be aware of)*

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*Student's Address*

*City*

*State*

*Zip*

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*Telephone Number*

## PARENT / GUARDIAN INFORMATION *(Please list persons responsible for student.)*

### MOTHER

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*Last Name*

*First*

*Middle*

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*Relationship*

*Home Phone*

*Pager or Cell*

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*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

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*Last name of person responsible for tuition payment*

*First*

*Middle*

*Social Security Number*

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*Street Address*

*City*

*State*

*Zip Code/Phone Number*