

K. ANTHONY'S SCHOOL INC.

ELEMENTARY SCHOOL
PRESCHOOL
ACCOUNTING DEPARTMENT

8420 CRENSHAW BLVD.
8708 CRENSHAW BLVD.
8418 CRENSHAW BLVD.

(323) 758-1187 (323) 758-1188
(323) 751-2646 (323) 751-2651
(323) 758-1960 FAX (323) 758-2856

SUMMER ENROLLMENT 2016

WEEKLY PAYMENTS

1 CHILD	\$125 EACH WEEK
2 CHILDREN	\$210 EACH WEEK
3 CHILDREN	\$280 EACH WEEK
4 CHILDREN	\$400 EACH WEEK

Payments can be paid weekly or biweekly

SPECIAL CHARGES

Day Care:
after 4:31 P.M.

Day Care fee for an account with one student is \$30.00
Day Care fee for an account with two students is \$50.00
Day Care fee for an account with three student is \$60.00
Day Care fee for an account with four students is \$70.00

Late Pick Up:
Late Day Care:

\$30.00 is charged each day a child is picked up after 6 P.M.
\$5.00 charged for each week your day care account is delinquent.

Late Charges:
Returned Checks:

\$25.00 charged for each week an account is delinquent.
\$50.00 for each occurrence, and must be paid at the time it is returned One (1) return check maximum.

Print clearly...

Child's name _____

Candidate for grade _____ D.O.B. _____ Age _____ Sex _____

Home address _____ City _____ Zip _____

Recommended by: _____

MOTHER'S OR GUARDIAN'S INFORMATION

Mother's name: _____ Social Security Number: _____
Home address: _____ City: _____ Zip: _____
Home telephone _____ Cell phone _____
Employed by: _____ Occupation: _____
Business address: _____ City: _____ Zip: _____
Business hours: _____ Business telephone: _____ Ext: _____

FATHER'S OR GUARDIAN'S INFORMATION

Father's name: _____ Social Security Number: _____
Home address: _____ City: _____ Zip: _____
Home telephone _____ Cell phone _____
Employed by: _____ Occupation: _____
Business address: _____ City: _____ Zip: _____
Business hours: _____ Business telephone: _____ Ext: _____

CHILD'S NEAREST RELATIVE:

Name: _____ Relationship: _____
Home address: _____ City: _____
Home telephone _____ Cell phone _____
Business address: _____ City: _____ Zip: _____

PLEASE PRINT – PARENT OR GUARDIAN

PLEASE PRINT – PARENT OR GUARDIAN

RELATIONSHIP

DATE

*Please print clearly...***AUTHORIZATION TO REMOVE CHILD FROM SCHOOL**

LAST NAME	FIRST NAME	HOME PHONE
HOME ADDRESS	CITY	DRIVER LIC#
LAST NAME	FIRST NAME	HOME PHONE
HOME ADDRESS	CITY	DRIVER LIC#
LAST NAME	FIRST NAME	HOME PHONE
HOME ADDRESS	CITY	DRIVER LIC#

EMERGENCY AUTHORIZATION

1. K. ANTHONY'S staff will call the paramedics (911) to attend the child in case of an emergency.
****PLEASE SIGN ONE OF THE FOLLOWING AUTHORIZATIONS****
2. "In case of an emergency, when authorized people cannot be reached (as listed above), K. ANTHONY'S staff will take whatever action that is reasonable and appropriate under the circumstances for the welfare of the child."

SIGNATURE OF PARENT OR GUARDIAN

3. "In case of an emergency, when authorized people cannot be reached (as listed above), K. ANTHONY'S officials will not render nor arrange for the medical treatment other than FIRST AID."

SIGNATURE OF PARENT OR GUARDIAN

DOCTOR'S INFORMATION

Doctor's Name: _____ Telephone Number: _____

Address: _____ City: _____ Zip Code: _____

Name of Insurance Provider: _____ Insurance # _____

PERSON TO CALL IN CASE OF EMERGENCY IF PARENT OR GUARDIAN CANNOT BE REACHED

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

I hereby acknowledge tuition charges by K. Anthony's School. I understand that in default of tuition, I am still liable for such. In the event of withdrawal of dismissal of my child or children from school, I must pay all indebtedness to the school. If this indebtedness is not solved upon removal or dismissal, K. Anthony's School will resort to legal action at my expense, I am also aware that if my child is transferred, neither health records nor cumulative record will be forwarded to the new school unless all debits are cleared.

DATE

SIGNATURE OF PARENT OR GUARDIAN

RELATION

