



CHRIST LUTHERAN SCHOOL

311 S. Citrus Street, West Covina, CA 91791
626-967-7531, X228 Fax: 626-967-8513
Email: cls@clswc.org Website: www.clswc.org

SUMMER SCHOOL 2024 REGISTRATION FORM For students entering 1st-6th grade

Please **submit registration with payment as follows:**
If Attending Session 1 or Session 2 only - Payment in Full
If Attending Both Sessions - Session 1 Payment in Full with Registration,
Session 2 Payment Before Session 2 Begins

Now Accepting
Credit Cards!



Student's Name: _____ Grade In SEPT: _____

Female Male DOB: ____/____/____ School Child Attends: CLS Other

ALLERGIES/MEDICATIONS: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Mother/Guardian's Name: _____ E-mail: _____

(Mother/Guardian) Cell #: _____ Work #: _____

Father/Guardian's Name: _____ E-mail: _____

(Father/Guardian) Cell #: _____ Work #: _____

Session 1: June 17-July 12
(CLOSED Thursday & Friday, JULY 4th & 5th)

Session 2: July 15-August 9

TUITION PER SESSION
1st child: \$870
2nd child: \$830

Entering 1st-6th Grade
Reading, Writing, Mathematics & Afternoon Enrichment

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Daycare Needed: 7am-8:15am 3pm-6pm
 AM PM

DAYCARE HOURS: 7:00am - 8:15am and 3:00pm - 6:00pm

Daycare Rates

	AM/PM	AM ONLY	PM ONLY	HOURLY
1st Child	\$250	\$100	\$150	\$10.00
2nd Child	\$225	\$90	\$135	\$10.00
3rd Child	\$225	\$90	\$135	\$10.00

* LATE PICK-UP FEE: \$25.00 will be charged for every 15 minutes beginning at 6:00pm

Info - Hot Lunches: \$5:00 each

Names of Persons Authorized to Take Child From the Campus/Facility

1.	NAME: _____ Relationship: _____	
	Cell#: _____	Work#: _____ Home#: _____
2.	NAME: _____ Relationship: _____	
	Cell#: _____	Work#: _____ Home#: _____
3.	NAME: _____ Relationship: _____	
	Cell#: _____	Work#: _____ Home#: _____

BY SIGNING BELOW, I AGREE TO THE FOLLOWING:

- To permit my child to participate in off-campus activities and to receive emergency treatment and medical care if required.
- To cooperate with this school in all matters pertaining to discipline and assist the teachers in these matters.
- I authorized the persons listed above to pick-up my child from the school campus.
- To pay all fees and tuition in advance.

Parent/Guardian Signature _____ Date: _____

Student's Name: _____

Office Use Only
Dates not attending