

Foothill Adventist School

1991 Landess Ave | Milpitas Ave | CA | 95035 | (408) 263-2568

SUMMER FUN

Summer
Daycare

June 10 - August 2, 2019

Register today!

www.foothilladventistschool.org

FOOTHILL SUMMER PROGRAM

Grades K-8

2019 Rates

June 10 - August 2, 2019

M-F 7:30am - 6:00pm

Weekly Rate (Full time)	\$225
Daily Rate (Full time)	\$50
Weekly Rate (Part time 9am-12pm)	\$180
Daily Rate (Part time 9am-12pm)	\$40

Daycare ends **promptly** at 6:00pm. There will be a \$10 charge for pick-ups from 6:01 to 6:15. After 6:15 it will be an additional \$1.00 per minute. Part time students attending more than the 3 hours/day will be charged the full day rate.

*****IMPORTANT*****

CLOSED DAYS: July 4 and July 5 (Independence Day Holiday)

Please note: Vacation days must be scheduled in advance.

Credit will NOT be given for missed days.

LUNCH: Please bring your lunch daily or purchase a lunch ticket in the office. You may be asked to provide a sack lunch on field trip days.

WE WELCOME PARENT VOLUNTEERS!

Foothill Summer Program

2019 Registration Form

1991 Landess Avenue Milpitas, CA 95035 (408) 263-2568

ONE FORM REQUIRED PER CHILD

Child's Name: _____ Child's Birthday ____/____/____

Sex: M F Grade (Sept. '19) _____ Age _____

Child's address: _____

Child's home phone #: _____

Father/Guardian Name: _____ Cell#: _____

Email Address.: _____

Mother/Guardian Name: _____ Cell#: _____

Email Address.: _____

EMERGENCY INFORMATION:

Child's Physician: _____ Phone: _____

Hospital Preference: _____ City: _____

Child's Dentist: _____ Phone: _____

Primary Insurance Carrier: _____ Policy #: _____

Medical/Other Notes (allergies, etc.): _____

ADDITIONAL EMERGENCY CONTACTS: (Persons authorized to pick up child other than parents)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent to Treat: The information provided is correct so far as I know, and my child has my permission to engage in all prescribed activities, except as noted by me. In the case of sickness or accident, Foothill Adventist School has my authority to secure, at my expense, such medical attention as deemed necessary, if unable to communicate with me immediately.

Parent/Guardian Signature: _____ Date: _____

I give Foothill Staff permission to apply sunscreen as needed to my child: Yes No

Field trip Permission: I give permission for my child to attend and participate in ALL the activities and field trips planned for the 2019 Foothill summer program:

Parent/Guardian Signature: _____ Date: _____