

WESTERN HILLS ACADEMY

Monday - Friday

8:30 am - 2:30 pm

Offered at \$150 per week
with an additional \$10 supply fee

Before Care - 7:30-8:30am is \$100 per month.

After Care - 2:30-5:30pm is \$150 per month.



ELC SUMMER SESSION



Get ready for an exciting summer of creativity at our camp! This year, our students will be diving into art, puppetry, theater, poems, and rhymes. With so much to explore and create, it's going to be an unforgettable summer of fun and imagination! Our theme for this summer is "Let's Create a Great Summer!" It's all about having a blast while allowing our students to explore their artistic side and make awesome memories together.

DISCLAIMER: PLEASE NOTE THAT PREPAID WEEKS ARE NON-REFUNDABLE. HOWEVER, CANCELLATIONS WITH AT LEAST TWO WEEKS' NOTICE MAY QUALIFY FOR A 50% CREDIT TOWARDS THE FOLLOWING SCHOOL YEAR (2024-25). ADDITIONALLY, A DISCOUNT WILL BE PROVIDED IF THE REGISTRATION FEE IS PAID IN FULL (EXCLUDING BEFORE OR AFTERCARE SERVICES). WE APPRECIATE YOUR UNDERSTANDING AND COOPERATION.



E-mail completed form to: admissions@westernhillsacademy.org

**Western Hills Academy
Early Learning Center
2024 Summer Session Registration**

Today's Date

You asked, we listened! We are excited to offer our services into the Summer months! Registration for Summer Session closes April 30th.

Last Name

First Name

M.I.

Birth Date

E-mail Address

Your child's 2023-24 Teacher

Current age

Summer Session Information

Art Theme, "Let's Create a Great Summer!"

Daily Hours, Monday - Friday 8:30am-2:30pm

Each week is \$150. You will be billed at the beginning of each month for your total weeks selected. Payment is due by the 5th of the month.

Please select the weeks below you will be attending. Before Care 7:30-8:30am is \$100 per month. After Care 2:30pm-5:30pm is \$150 per month.

Week Selection
(**No** Before/After
Care)

June 3rd
(Special Request
only)

June 10th

June 17th

June 24th

July 1st -
CLOSED 7/4 & 7/5

July 8th

July 15th

Week Selection
(**With** Before/After
Care)

June 3rd
(Special Request
only)

June 10th

June 17th

June 24th

July 1st -
CLOSED 7/4 & 7/5

July 8th

July 15th

Select your
Before/After
Care need

Before
Care only

After
Care only

Both

Neither

Current Residence Information

Street Address

Street Address Line 2

City

State

Zip Code

Cell Phone Number

Parent/Guardian Residence Information

(if different from above)

Street Address

Street Address Line 2

City

State

Zip Code

Emergency Contact 1

Last Name

First Name

Primary Phone Number

Secondary Phone Number

Emergency Contact 2

Last Name

First Name

Primary Phone Number

Secondary Phone Number

Physician and Medical Information

Physician Name

Primary Phone Number

Preferred Hospital

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

Notes

Please inform the office of any other vital information you think we may need to know in the event of an emergency. Thank you.

Any special requests (we will do our best to accommodate)

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Parent Signature