Phone: 310- Breadoflifech <u>hwalke</u> Registration Form (R	ildren Center 2025 Summ a Blvd., Torrance, CA 90505 602-0185 Fax: 310-325-7853 urch.org/BOL_ChildrenCenter r@breadoflifechurch.org Registration begins March 4 <sup>t</sup> and 10 months of age to 12 years o	h, 2025)
Child's name:	Birt	hday:
Last Name First Name	Crodo ir	Sour M / E
	Grade in Fall: Sex: M / F	
Home Address:		
Name of Father:	Work Phone:	Cell Phone:
Name of Mother:	Work Phone:	Cell Phone:
E-mail address:		
Emergency Contact Name:	Phone:	
Other persons authorized to take the child from our facility:		
1. Name: Phone:	2. Name:	Phone:
Allergies/Food Restrictions:		
Allergies/Medication:		
Weeks Attending: please check* ✓   Week*   1. June 16-20 \$300   2. June 23 - 27 \$300   3. June 30-July 4 (4 <sup>th</sup> closed) * \$300	Week* 6. □ July 21-25 7. □ July 28- August 1 8. □ August 4 - 8	\$300 \$300 \$300
4. □ July 7-11 <b>\$300</b>	9. 🗆 August 11 - 15	\$300
5. □ July 14-18 VBS-AM/ SDC- PM \$250 ( VBS \$50 inclu * closed on July 4 (Friday) in observance of Independence		
<u>Fees</u> <u>Registration fee:</u> <u>Weekly fee</u> :	\$30 registration \$300/week with Field Trip	
Fees are non-refundable. Total payment will be colle BOLCCC office. No refunds, schedule changes or ca Parents' Handbook. (Parent's' init also be made with <b>Push Pay</b> online. My child is able to participate in the Program described emotional, and behavioral conditions and concerns of m Life Church Summer Program reserves the right to requ permission to attend the religious services or activities to to show my child's photos on the website page if needed abide by the policies set in the Summer Program Parent breadoflifechurch.org/BOL ChildrenCenter/SummerDa Signature of Parent/Guardian:	ancellations can be made aft tial). Make checks payable to . I agree to notify the Program by child that require special at ire the removal of my child fr hat will be held on the premiss d for BOLCCC Programs Adv Handbook; available in the o	er May 2 <sup>nd</sup> , 2025. Details are in <u>Bread of life Church</u> . Payments can n Director of any physical, medical, tention. I understand that the Bread of rom the program. My child has my tes. I permit the Bread of Life Church vertisements. I understand and agree to

by