



Bread of Life Christian Children's Center

2780 Lomita Blvd Torrance, CA 90505 | 310-602-0185 ext. 230 | Facility No. 19749538

2026-2027 ASC Registration Form

STUDENT INFORMATION

Child's Name: _____ A.K.A. _____

Date of Birth: _____ (child must be 5 years old by first day of attendance) ☐ Male ☐ Female

Home Address: _____

Father's Name: _____ Phone Number: _____

E-mail Address: _____

Mother's Name: _____ Phone Number: _____

E-mail Address: _____

Child's Primary Language: _____ Child's Secondary Language: _____

Does your child need any accommodations or support services? ☐ Yes ☐ No

If yes, please explain and include health conditions, dietary restrictions, developmental support needs, emotional or social support needs medication, assistive devices, or any other information that would be helpful for providing accommodations:

SCHOOL & TRANSPORTATION SERVICE INFORMATION

Transportation Needed: ☐ Yes ☐ No

School Attending: _____ Grade of Fall 2026: _____

School Address: _____

Pick up Location: _____

First day of school year (Weekday/MM/DD): _____

Pick up day(s): M T W TH F Dismissal Time: _____ Pick up day(s): M T W TH F Dismissal Time: _____

BILLING INFORMATION

Sibling attending: ☐ Yes ☐ No Name(s): _____

BOLCCC Employee: ☐ Yes ☐ No Employee's name: _____

Parent's Signature: _____ Date: _____