



**Canyonside Christian School, Inc.**  
**820 East Nez Perce**  
**Jerome, Idaho 83338**  
**Phone: (208)324-3444**  
**Fax: (208)324-7806**

**OFFICE USE ONLY**

Date Enrolled \_\_\_\_\_  
 Date Started \_\_\_\_\_

£ Registration Received  
 £ Birth Certificate      £ Immunization Records  
 £ Internet Consent Form

**2022 Summer Registration Form**

**Student Information**

Child's Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Name your child prefers (if different than above): \_\_\_\_\_ (Gender) £ Male £ Female  
 (Date of Birth) \_\_\_\_\_ Age as of June 1st: \_\_\_\_\_  
 Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Health/Medical/Educational Needs: (Allergies, Special Medication, Learning Disabilities, ADD/ADHD, or Speech/Language Delay, etc.)

\_\_\_\_\_

\_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

**Parent/Guardian Information**

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Employer Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email Address (please print clearly) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Employer Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email Address (please print clearly) \_\_\_\_\_

**Emergency Contact Information** (if parents cannot be reached)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please Check One:**

\$50.00 Registration Fee is due at time of registration

- £ 5 Full Days      **\$460.00**
- £ 4 Full Days      **\$360.00**      Please Indicate days needed \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri
- £ 3 Full Days      **\$270.00**      Please Indicate days needed \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri
- £ 2 Full Days      **\$180.00**      Please Indicate days needed \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri
- £ Drop-In Rate (\*\*See Below\*\*)      **\$30.00 full day \$25.00 for 5 hours or less. Sibling discount does not apply to drop in rates.**

**\*\* Drop-In Rate... is subject to available staff. If our Department of Health & Welfare counts are full, children will not be allowed to attend that day.**

**\*\*Multi Child Discount – 2<sup>nd</sup> child will receive \$25.00 off and each child thereafter will receive \$15.00 off.**

**CONTINUED ON BACK**

People authorized to pick up my child/children (they will be asked for ID the first time):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Further Information:**

- A registration fee of \$50.00 is due at time of registration for our 2022 summer program.
- Summer Program is billed monthly, and payment is due on the 10<sup>th</sup>.
- Payment must be made regardless of your attendance and/or dropping out of the program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_