



**Canyonside Christian School**  
**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

**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 1<sup>st</sup>: \_\_\_\_\_  
Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_

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

**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 What Days Your Child Will Be in The Summer Program**

**\$50.00 Registration Fee is due at time of registration.**

- 5 Full Days \$470.00 Please Indicate days needed \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_
- 4 Full Days \$385.00 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 \$190.00 Please Indicate days needed \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_
- Drop-In Rate \$35.00 full day \$30.00 for 5 hours or less. Sibling discount does not apply.

**\*\* 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.**

**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 2024 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.
- 3% Sibling Discount for Full Time Summer Kids does not apply to drop-in rates.

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