

GLENDORA UNIFIED SCHOOL DISTRICT  
EXTENDED DAY-CARE PROGRAM  
ENROLLMENT APPLICATION

My child will attend \_\_\_\_\_ in Fall of 2022.  
(School Name)

Child's Name (Last, First) \_\_\_\_\_ Check one:  M  F

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall of 2022: \_\_\_\_\_  
Month-Day-Year

Mailing/Billing address:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

I prefer email billing \_\_\_\_\_ paper billing \_\_\_\_\_

Send email billing to: \_\_\_\_\_

Parent/Guardian 1

Parent/Guardian 2

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

**In the event of withdrawal from the program,  
I understand that the \$120 deposit is non-refundable.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return along with a \$120 **non-refundable** deposit for each child.

Return to:

WILLIAMS EDUCATION CENTER  
CHILD DEVELOPMENT OFFICE  
301 S. LORAIN AVENUE  
GLENDORA, CA 91741

Please make checks out to GUSD.