

DOLORES T. RICHARDSON SCHOOL

SUMMER ENROLLMENT 2024

8420 CRENSHAW BLVD
8418 CRENSHAW BLVD

(323) 758-1187
(323) 758-1960

(323) 758-2856 (FAX)
(323) 758-2856 (FAX)

ACCOUNTING DEPT

WEEKLY PAYMENTS

1 CHILD \$190.00 EACH WEEK
 2 CHILDREN \$280.00 EACH WEEK
 3 CHILDREN \$355.00 EACH WEEK
 4 CHILDREN \$480.00 EACH WEEK

Payments can be made
 weekly or
 biweekly

No monthly plan during the summer
 ***Payments are due every Monday morning. if not paid, your child cannot return to school until paid in full.

Partial Scholarships are available

SPECIAL CHARGES

LATE PICK UP: \$30.00 IS CHARGED EACH DAY A CHILD PICKED UP AFTER 6 P.M.

LATE PICKUP STARTS AT 6:01 P.M. LATE PAYMENT IS DUE AT PICKUP THE SAME DAY

LATE DAY CARE: \$5.00 CHARGED FOR EACH WEEK YOUR DAY CARE ACCOUNT IS DELINQUENT

PLEASE NOTE: We Accept Crystal Stairs, CalWORKs, the Bridges Program and Pathway

Child's name _____ Current School _____
 Current Grade _____ D.O.B. _____ Age _____ Sex _____

Mother's Name _____ Social Security Number _____
 Home Address _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____
 Employed by _____ Occupation _____
 Business Address _____ City _____ Zip _____
 Email Address _____ Business Phone _____

Father's Name _____ Social Security Number _____
 Home Address _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____
 Employed by _____ Occupation _____
 Business Address _____ City _____ Zip _____
 Email Address _____ Business Phone _____

Child's Nearest Relative:

Name _____ Relationship _____
 Home Address _____ City _____
 Home Phone _____ Cell Phone _____
 Email Address _____

PLEASE PRINT – PARENT OR GUARDIAN

SIGNATURE – PARENT OR GUARDIAN

RELATIONSHIP

DATE

Please print clearly...

AUTHORIZATION TO REMOVE CHILD FROM SCHOOL

LAST NAME	FIRST NAME	HOME PHONE
HOME ADDRESS	CITY	DRIVER'S LIC#
LAST NAME	FIRST NAME	HOME PHONE
HOME ADDRESS	CITY	DRIVER'S LIC#
LAST NAME	FIRST NAME	HOME PHONE
HOME ADDRESS	CITY	DRIVER'S LIC#
LAST NAME	FIRST NAME	HOME PHONE
HOME ADDRESS	CITY	DRIVER'S LIC#

EMERGENCY AUTHORIZATION

- DOLORES T. RICHARDSON'S staff will call the paramedics (911) to attend the child in case of an emergency.
PLEASE SIGN ONE OF THE FOLLOWING AUTHORIZATIONS
- "In case of an emergency, when authorized people cannot be reached (as listed above), DOLORES T. RICHARDSON'S staff will take whatever action that is reasonable and appropriate under the circumstances for the welfare of the child."

SIGNATURE OF PARENT OR GUARDIAN
- "In case of an emergency, when authorized people cannot be reached (as listed above), DOLORES T. RICHARDSON'S officials will not render nor arrange for the medical treatment other than FIRST AID"

SIGNATURE OF PARENT OR GUARDIAN

DOCTOR'S INFORMATION

Doctor's Name _____ Phone No. _____

Address _____ City _____ Zip Code _____

Name of Insurance Provider _____ Insurance# _____