

**2020 Beth David Preschool**  
**Summer Registration/Application**

6100 Hefley Street  
Westminster, CA 92683  
(714) 893-3091/Fax: (714) 897-5306  
ocpreschool.org  
Email: brooke@templebethdavid.org



**Please print clearly:**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Phone # \_\_\_\_\_

Cell Phone #'s: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_  
(Please Print Clearly)

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone # \_\_\_\_\_

Referred by: \_\_\_\_\_

**7:15AM - 6:15PM Program**

5 Days  
3 Days  
2 Days

**9:00 AM - 12:30 PM Program**

5 Days  
3 Days  
2 Days

**9:00 AM - 2:30 PM Program**

5 Days  
3 Days  
2 Days

**Registration Fee:**

Summer Only Registration Fee \$50

**AM Care (drop off before 8:45) is**

**available- see office for more details**

Please check preferred session:

Session I

6/22– 7/10

Session II

7/13 – 7/31

Session III

8/3 – 8/21

Sessions  
I, II, & III  
6/22 – 8/21

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature