

# Preschool Summer Registration 2026

St. John's Children's Center  
4500 Buena Vista Road  
Bakersfield, CA 93311-9702  
(661)664-9127 Fax: (661)664-9195



**Summer Activity Fee: \$120.00**  
**Fee is due by Friday, May 1st**

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Sex of child  M  F Native Country \_\_\_\_\_ Citizenship \_\_\_\_\_

Race \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

List of allergies:

\_\_\_\_\_  
(Food, medicine, etc.)

## **Additional people authorized to take my child(ren) from facility:**

Should an emergency situation arise during the school day with your child, the parents will be called first.

If parents can't be reached, we will contact the people listed below in numerical order.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

As the parent, or legal guardian, I hereby give consent to St. John's Children's Center to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**June 1-5**

- ◆ Full Time
- ◆ Mon/Wed/Fri
- ◆ Tues/Thur.

**June 8-12**

- ◆ Full Time
- ◆ Mon/Wed/Fri
- ◆ Tues/Thur.

**June 15-19**

- ◆ Full Time
- ◆ Mon/Wed/Fri
- ◆ Tues/Thur.

**June 22-26**

- ◆ Full Time
- ◆ Mon/Wed/Fri
- ◆ Tues/Thur.

**June 29-July 3**

- ◆ Full Time
  - ◆ Mon/Wed/Fri
  - ◆ Tues/Thur.
- ⇒ July 3rd noon dismissal

**July 6-10**

- ◆ Full Time
- ◆ Mon/Wed/Fri
- ◆ Tues/Thur.

**July 13-17**

- ◆ Full Time
- ◆ Mon/Wed/Fri
- ◆ Tues/Thur.

**July 20-24**

- ◆ Full Time
- ◆ Mon/Wed/Fri
- ◆ Tues/Thur.

**July 27-31**

Center Closed

**Circle or Highlight the program of your choice per week . Please see front desk or call 661-664-9127 if you have any questions.**

<b>June Tuition Rates</b>	<b>Fulltime Monthly</b>	<b>Fulltime Weekly</b>	<b>Mon-Wed- Fri Monthly</b>	<b>Mon-Wed- Fri Weekly</b>	<b>Tues-Thurs Monthly</b>	<b>Tues-Thurs Weekly</b>
12-24 months	\$1,605	\$395	\$875	\$245	\$600	\$160
2-5 yr old	\$1,295	\$325	\$775	\$200	\$560	\$145

**\*\*\*July will be billed the weekly rates\*\*\***

**Tuition is due for each week registered regardless if your child attends.**  
 Our center will be staffed according to the number of children registered each week, last minute changes will not be possible.

**For weekly families,** please be mindful of your attendance choices, as tuition adjustments will not be made for the days that the school is closed.

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