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Valley Stream

Christian Academy

A Ministry of Bethlehem Assembly of God

VSCA EARLY MORNING DROP OFF

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s Grade\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write in the dates your child will be attending Early Morning Drop-off:

Mon.\_\_\_\_\_\_\_\_\_\_ Tues. \_\_\_\_\_\_\_\_\_\_ Wed.\_\_\_\_\_\_\_\_\_\_ Thurs. \_\_\_\_\_\_\_\_\_\_Fri.\_\_\_\_\_\_\_\_\_\_

Fee: $4 per day, 1st Child

$2 per day, each additional child

Amount Paid: $\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_ Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form, along with payment, is required NO Later than the Friday before the week of the above listed dates.