



MARANATHA CHRISTIAN SCHOOLS

2026 Summer Program Registration June 8 - July 2, 2026

Summer School is coming for 4-5 year olds!

“Hop Up to Kinder” is a 4-week focus on key literacy and math skills; integration of science, social studies, and physical development. Our summer curriculum helps children stay engaged and actively learning in the summer months, both in the classroom and at home. It is a great way to prepare for the transition to kindergarten and to reinforce key concepts from the current school year.

Student Name: _____ Date of Birth: _____

✘	Dates	Days	Time	Program	Fee
	June 8 - July 2	M-F	8:30 – 12:30	Hop Up to Kinder	\$896.00

Sub Total: _____

Registration/Supply Fee (\$100): _____

Total Due: _____

GENERAL INFORMATION: LUNCH IS NOT PROVIDED, so pack a healthy lunch and bring an a.m. snack. Students must be fully potty trained for admittance. ADMISSIONS, ENROLLMENT & CANCELLATIONS: Enrollment is open to MCS students and the general public. There is a \$100.00 non-refundable registration/supply fee per student. Fees will not be prorated due to absence, early departure, or multiple siblings. **NO REFUNDS will be given after May 22, 2026.** Students must be picked up no later than 12:30 pm. A two dollar charge will be assessed for every minute that a student is picked up after official pick up time. ALL EMERGENCY INFORMATION AND MEDICAL RELEASE FORMS MUST be on file before the first day of class. For questions about the Summer Program please contact the Early Education office at (858) 759-9738.

Parent Signature: _____ Date: _____



MARANATHA CHRISTIAN SCHOOLS

FOR OFFICE USE ONLY:

Date: _____ Ck# _____ Payment: _____ Approved by: _____ Class: _____

EARLY EDUCATION

Summer Program Emergency Information

STUDENT INFORMATION

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City & State: _____ Zip: _____

PARENT/GUARDIAN #1

Last Name: _____ First Name: _____ Relationship to Student: _____

Primary Phone: () _____ Email: _____

PARENT/GUARDIAN #2

Last Name: _____ First Name: _____ Relationship to Student: _____

Primary Phone: () _____ Email: _____

PHYSICIAN

Physician's Name: _____ Phone: _____

Additional medical information: i.e. Allergies, Reactions: Asthma: Medications, etc. : _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENTS OR GUARDIANS

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In the event the person(s) noted cannot be located, I hereby give my consent to Maranatha Christian Schools to administer or call for emergency care for my child under extreme conditions. I expect that a conscientious effort will be made to locate me or the designates before any action will be taken. If it is not possible to contact me or the designates, any expense incurred will be accepted by me.

Parent's Signature: _____

Date: _____



**MARANATHA
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EARLY EDUCATION

Summer Program Sunscreen Utilization Permission

As the parent or guardian of the above child, I give permission for staff at Maranatha Christian Schools to apply a sunscreen product of SPF 15 or higher to my child as specified below. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs.

I understand that Sunscreen, if needed, will be applied in the afternoon only. I agree to apply sunscreen to my child in the morning before coming to school.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen.

Choose one:

_____ The Staff of Maranatha Christian Schools **may use the sunscreen of their choice**, in keeping with applicable federal standards.

_____ The staff of Maranatha Christian Schools has permission to **only apply a specific type of sunscreen that I will provide for my child**. The bottle is clearly labeled with his/her name. Please list type of sunscreen below:

_____ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

_____ The Staff of Maranatha Christian Schools **may not** put any sunscreen on my child.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____