

Extended Summer Care Registration

Please complete this Registration Form and the Financial Agreement. \$65 Non-refundable Summer Enrollment Fee to accompany this form.

For Office Use: Date rec'd: _____

Time rec'd: _____

EF Paid: _____

Student's Last Name _____ First _____ Middle _____ Gender (circle) M F

Home Address _____
Street Address City Zip Code Birthdate _____

Returning Child? _____ School Currently Attending _____ Grade Completed _____

Please list any Food Allergies caregivers should know about _____

Symptoms _____ Does this require an Epi-Pen? _____ If the answer is yes, one will need to be supplied to us before the first day.

Does your child have Asthma? _____ Does this require an inhaler? _____ If the answer is yes, one will need to be supplied to us before the first day.

Parent's Status Married Separated Divorced Single Parent Other _____

Student Lives With Both Parents One Parent Joint Custody Parent & Step Parent Other _____

Names and ages of other siblings living in the home _____

FATHER'S First Name _____

Last Name _____

Occupation _____

Employer _____

Cell Phone _____

Work Phone _____

Home Phone _____

E-mail Address _____

MOTHER'S First Name _____

Last Name _____

Occupation _____

Employer _____

Cell Phone _____

Work Phone _____

Home Phone _____

E-mail Address _____

Summer billing and payment is done weekly or monthly. You may pay by cash, check, or debit card. If you pay by check, please give your payments to the summer care director, or make cash, check or debit payments in the main office. Credit cards may also be used for payments over \$100. All checks returned by the bank will result in a \$35 fee. Balances not paid by July 31st. will incur a \$35 late fee. Please see Mrs. O'Halloran in the church office with any payment questions.

Each week, we will have a field trip or special activity. There is a separate cost for these activities that must be paid in advance. We will collect the money the week before each trip or activity. Please help us by remembering to turn in your money the week before.

Please initial below acknowledging you have read and agree to the following:

_____ I have read the policies and agree to pay all charges incurred at Grace Lutheran Child Care.

_____ I give permission for my child to participate in the activities outlined in the summer brochure.

_____ I give permission for the staff to reapply sunscreen (that I provide) throughout the summer.

_____ I have completed the back page for planned days of attendance.

Parent Signature _____ Date _____





Daily Fees

Half Day 7:00am - 1:00pm	Full Day 7:00am - 6:00pm
\$35	\$40

Please Email when your child will not be coming in on their scheduled day. Credit will not be given for illness or no-shows. Staffing is determined by enrollment, you will be billed for the days checked. Please ✓ the program (Half Day or Full Day) on the days you wish to attend. You will be billed for the days you choose below. **We are closed July 3rd. July 31st is a noon dismissal.**

Child's Name _____ Parent Initial _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Monthly Total
June	1 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Park 2 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Yogurt Mill 3 \$7.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Rotation 4 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Water Day 5 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Week 1	First Billing Period Total 
	Park 8 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Bakery 9 \$6.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Wendy's 10 \$7.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Rotation 11 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Water Day 12 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Week 2	
	Park 15 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Yogurt Mill 16 \$7.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Jack's 17 \$12.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Rotation 18 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Water Day 19 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Week 3	
	Park 22 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Wendy's 23 \$7.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Pizza 24 \$4.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Rotation 25 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Water Day 26 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Week 4	
July	Park 29 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Bakery 30 \$6.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Yogurt Mill 1 \$7.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Rotation 2 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	3 Holiday Closed	Week 5	Second Billing Period Total 
	Park 6 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Movie 7 Popcorn <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Ice Cream 8 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Rotation 9 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Water Day 10 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Week 6	
	Park 13 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Banana Split 14 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Movie & Snack 15 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Rotation 16 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Water Day 17 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Week 7	
	Park 20 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Wendy's 21 \$7.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Bakery 22 \$6.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Rotation 23 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Water Day 24 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Week 8	
	Park 27 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Yogurt Mill 28 \$7.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Wendy's 29 \$7.00 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Rotation 30 <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Pizza 31 <input type="checkbox"/> Half Day	Week 9	