

# 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 \_\_\_\_\_ Birthdate \_\_\_\_\_  
Street Address City Zip Code

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 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 August 2nd 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:

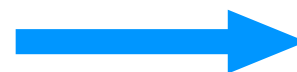
\_\_\_\_\_ I have read the policies and agree to pay all charges incurred at Grace Lutheran Child Care.

\_\_\_\_\_ 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 4th. August 1st is a noon dismissal.**

Child's Name \_\_\_\_\_ Parent Initial \_\_\_\_\_

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