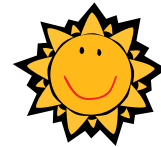




PILGRIM LUTHERAN PRESCHOOL
~~SUMMER Camp 2017~



Attached is the form for registration for our summer program, which will be in session from May 30 through June 30. Please complete and return the registration form (one for each child) with a ***non-refundable \$10 deposit (per child) for each week you plan to have your child(ren) attend*** (example- if you sign up for two weeks, registration would be \$20 – two children for two weeks is \$40). The deposit will be applied to your weekly tuition and supply fee. You may sign up for as many weeks as you would like. If there is still class availability, we will **open registration to the public on Monday March 27, 2017.**



All programs will operate under our normal school schedule from 9 a.m. to 12:30 p.m. (send a **PEANUT/TREE NUT FREE** sack lunch each day for your child[ren]).



→ **Extended Day until 2:30 will be available!** ←
(additional \$10 per child per day)

Summer classes age starts with those children who have **completed** our two program – or will be three by September 1, 2017. Tuition covers both tuition and supplies. We must have a minimum of ten children enrolled in these classes. If these minimums are not met, we may ask you to move to another week, so that we can run our program in a fiscally responsible manner.

Your options are:

M/W/F or Tu/Th

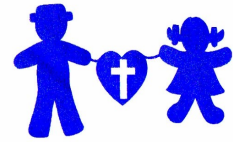
Tuition

Week#1: W/F or Tu/Th - \$50

Weeks #2-#5: M/W/F = \$75 per week
Tu/Th = \$50 per week



PILGRIM LUTHERAN PRESCHOOL
 Phone - 846-6132 email: preschool@pilgrimindy.org
 Summer Camp – May 30 - June 30, 2017
 REGISTRATION



EXTENDED DAY WILL BE OFFERED AFTER DAY CAMP—until 2:30 for \$10 per child per day!

Child's Name _____ male female

Birth date _____ Age _____ email _____

Mother's Name _____ Father's Name _____

Address _____
 Street City State Zip Code

Home Phone Number _____ Cell Phone Number _____

Father's Work Phone _____ Mother's Work Phone _____

EMERGENCY PHONE NUMBERS: *(in case parents cannot be reached)*

1. _____
 Name Phone Number

2. _____
 Name Phone Number

We have scheduled five one-week sessions starting on May 30 and finishing June 30, 2017

Week #1 is a four day week (Tu-F) because of Memorial Day: Week 2-5 are five day weeks

➤ Times for **ALL** sessions on **ALL** days are: 9 a.m. – **12:30 p.m.**

AGES . . .starting with those who have **completed** the Twos Program (Three by Sept. 1) –
 and including those who have finished 3s, 4s & 5s

Our weekly offerings are: M/W/F OR Tu/Th

M/W/F cost - \$75/week Tu/Th – cost \$50 per week –
 Fees for all weeks includes tuition and supplies!

ACT RAPIDLY - *We have a limited number of openings for summer!* **\$10 non-refundable deposit (per week) is due with this registration form** (this deposit will be applied to your tuition for the week your child is enrolled).

Tuitions for all weeks are due on or before May 1, 2017.

Please 'X' in the boxes below to indicate the week(s) your child will attend!

Week #1 (5/30-6/2)	Week #2 (6/5-6/9)	Week #3 (6/12-6/16)	Week #4 (6/19-6/23)	Week #5 (6/26-6/30)
<input type="checkbox"/> W/F - \$50	<input type="checkbox"/> M/W/F - \$75	<input type="checkbox"/> M/W/F \$75	<input type="checkbox"/> M/W/F - \$75	<input type="checkbox"/> M/W/F - \$75
<input type="checkbox"/> Tu/Th - \$50	<input type="checkbox"/> Tu/Th - \$50	<input type="checkbox"/> Tu/Th \$50	<input type="checkbox"/> Tu/Th - \$50	<input type="checkbox"/> Tu/Th - \$50

I plan to use extended day every day ***I will use some extended days***

I am not interested in using extended day

Extended day is \$10 per child per day until 2:30 p.m. !



**Parent Authorization for Medical Treatment
Pilgrim Lutheran Preschool
Summer Camp –May 30 – June 30, 2017**

In case of medical emergency, I understand that Pilgrim Lutheran Preschool and Parents' Time Out will make every possible effort to reach me. If I cannot be reached, I hereby give permission to the licensed physicians selected by Pilgrim Lutheran Preschool and Parents' Time Out to hospitalize, secure proper treatment, anesthesia, surgery, or x-rays for my child named on this form.

Name of Child _____

Date _____

Signature of parent/guardian

Numbers where you will be able to reach me: _____

If parents can not be reached, please try to contact:

Name & relationship

Phone

Name & relationship

Phone

ALLERGIES? _____
