



## PILGRIM LUTHERAN PRESCHOOL ~~SUMMER Camp 2019~



Attached is the form for registration for our summer program, which will be in session from May 28 through June 28. 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, deposit 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 25, 2019.



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 \$15 per child per day)

Summer camp eligibility starts with those children who have **completed our twos** program – (or will be three by August 1, 2019) through the 5s. 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, Tu/Th, or all 5 days (sorry...we cannot do other combinations)



#### **Tuition**

Week#1: T/TH or W/F- \$50 or Tues-Fri-\$100

Weeks #2-#5: M/W/F = \$75 per week Tu/Th = \$50 per weekMon-Fri = \$125/week

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#### PILGRIM LUTHERAN PRESCHOOL

Phone -317- 846-6132 email: preschool@pilgrimindy.org Summer Camp – May 28 - June 28, 2019



REGISTRATION

EXTENDED DAY WILL BE OFFERED AFTER DAY CAMP—until 2:30 for \$15 per child per day!

Birth date	Age	eemail			
Mother's Name		Father's Name			
Address					
Stre	eet	City	State	Zip Co	ode
Home Phone Num	iber	Cell Phon	e Number		
Father's Work Pho	one	Mother's Work	Phone		
EMERGENCY PI	HONE NUMBERS: (in	n case narents cannot	he reached)		
	`	1	<i>'</i>		
Name		Pho	one Number		
2					
Name		Pho	one Number		
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# Parent Authorization for Medical Treatment Pilgrim Lutheran Preschool Summer Camp May 28 – June 28, 2019

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.

Date	Signature of parent/guardian
mbers where you will be able to reacl	n me:
If parents cannot be reached	
If parents cannot be reached and the searched and the sea	