

Attached is the registration form for our summer program, which will be in session from May 26 through June 26. 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 23, 2020.



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], a change of clothing, a schoolbag, and make sure to apply sunscreen BEFORE class begins.



→ Extended Day until 2:30 will be available!← (Additional \$15 per child per day) Early Drop Off (8:00) will be available! (Additional \$5 per day)

Summer camp eligibility starts with those children who have **completed our twos** program – (or will be three by August 1, 2020) 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- \$60 or Tues-Fri-\$120

Weeks #2-#5: M/W/F =\$90 per week Tu/Th =\$60 per week Mon-Fri = \$150/week

PILGRIM LUTHERAN PRESCHOOL



Phone -317- 846-6132 email: preschool@pilgrimindy.org

Summer Camp REGISTRATION – May 26 - June 26, 2020

🗖 Tu/Th - \$60	□ Tu/Th - \$60	🗖 Tu/Th \$60	🗖 Tu/Th - \$60	🗖 Tu/Th - \$60
□ W/F - \$60	⊿M/W/F - \$90	□ M/W/F \$90	□ M/W/F - \$90	□ M/W/F - \$90
(3/20-3/27)	(0/1-0/3)	(0/0-0/12)		(0/22-0/20)
Week #1 (5/26-5/29)	Week #2 (6/1-6/5)	Week #3 (6/8-6/12)	Week #4 (6/15-6/19)	Week #5 (6/22-6/26)
Please 'X' the boxes below to indicate all the week(s)/days your child will attend:				
Places (V) the bayes below to indicate all the week(s)/days your shild will attend.				
Please mark your calendar now for the days/weeks you register for!				
<u>Tuitions balance for all weeks are due on or before April 17, 2020.</u>				
your child is enrolled- <u>subtract deposit from total amount due</u> <u>balance due by April 17</u>).				
(per week) is due with this registration form (this deposit will be applied to your tuition for the week				
Fees for all weeks includes tuition and supplies! <u>ACT RAPIDLY</u> - We have a limited number of openings for summer! \$10 non-refundable deposit				
M/W/F - \$90/week Tu/Th -\$60 /week – All 5 days- \$150/week				
Our weekly offerings are: M/W/F OR Tu/Th OR All 5 days				
	uting with those who huding those who h	-	•	U /
Times for ALL sessions on ALL days are: 9 a.m. – 12:30 p.m. AGES starting with those who have <i>completed</i> the Twos Program (Three by Aug. 1) –				
	r day week (Tu-F) beca	••••	•	
Name Phone Number We have scheduled five one-week sessions starting on May 26 and finishing June 26, 2020.				
2	Phone Number			
Name	Phone Number			
		1		
EMERGENCY PH	IONE NUMBERS: (in	case parents cannot h	e reached)	
Father's Work Pho	ne	Mother's Work Phone		
Primary Number		Cell Phone Number		
Stre	et	City	State Zip Co	de
Address				
Mother's Name	Father's Name			
Birth date	Age	email		
Child's Name			\Box male \Box female	

(You may check both boxes of the same week if you would like all 5 days)

 \Box I will use some Early Birds (\$5/day) \Box I will use some extended days

 \Box I am not interested in using extended day





Parent Authorization for Medical Treatment Pilgrim Lutheran Preschool Summer Camp May 26 – June 26, 2020

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 cannot be reached, please try to contact:

Name & relationship

Phone

Name & relationship

Phone

ALLERGIES?_____