

# 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  Legally Adopted  Other \_\_\_\_\_

Names and ages of other siblings living in the home \_\_\_\_\_

MOTHER'S First Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

Last Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

FATHER'S First Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

Last Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Summer billing and payment is done weekly. 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 3rd will incur a \$35 late fee. Please see Mr. Vigars with any payment questions.

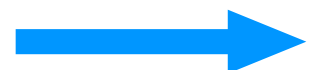
Each week, we will have a field trip or special activity. There is a separate cost for these activities that must be paid in advance. We will collect the money the week before each trip or activity. Please help us by remembering to turn in your money the week before.

Your enrollment includes a t-shirt, if registered on or before May 4th. If you register after May 4th, t-shirt prices are \$10. Please wear your t-shirt on our activity days. Please list your child's t-shirt size \_\_\_\_\_

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 School.
- \_\_\_\_\_ I give permission for my child to go on the field trips as 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

Morning (8:00am - 12:00pm)	Half Day (7:00am - 1:00pm) or (12:00pm - 6:00 pm)	Full Day (7:00am - 6:00pm)
\$28	\$33	\$38

Days may be added or traded with a 48-hour notice as space permits. Credit will not be given for illness or no-shows. Because staffing is determined by enrollment, you will be billed for the days checked. Please ✓ the program (Morning, 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 May 28th - June 1st.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Monthly Total
June	4 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	5 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	6 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	7 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	8 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		First Billing Period Total ↓
	11 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Swim 12 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Bowling 13 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	14 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	15 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		
	VBS 18 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	VBS/Swim 19 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	VBS 20 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	VBS 21 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	VBS 22 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		
	25 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Swim 26 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Bowling 27 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	28 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	29 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		
July	2 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Parade & Picnic 3 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	4 No School! Happy 4th of July!	5 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	6 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		Second Billing Period Total ↓
	9 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Swim 10 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Animal Adventure 11 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	12 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	13 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		
	16 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Swim 17 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Bowling 18 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	19 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	20 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		
	23 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Swim 24 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Magic Show 25 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	26 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	27 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		
August	30 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Swim 31 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	1 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	2 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Rockin' Jump 3 <input type="checkbox"/> Morning <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		