

ST. LUKE PRESCHOOL & EARLY CHILDHOOD CENTER SUMMER PROGRAM

20 Candlewood Path, Dix Hills, NY 11746 \*\* 631-462-5216 \*\* www.st-luke-lutheran.org

GOD'S GREAT GALAXY TO THE HEAVENS AND BEYOND



Please print clearly!

Child's Full Name: \_\_\_\_\_ Last First

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number:(\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone #(\_\_\_\_) \_\_\_\_\_ Work Phone #(\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone #(\_\_\_\_) \_\_\_\_\_ Work Phone #(\_\_\_\_) \_\_\_\_\_

Does your child have any allergy? \_\_\_\_ Yes \_\_\_\_ No Please Specify: \_\_\_\_\_

If you answer "Yes" to this question, we will contact you for additional information.

Any child who is NOT currently enrolled at St. Luke Preschool must submit a medical form and immunization record to the school office no later than June 12, 2016. No child may attend the summer program without these forms on file.

- In case of an emergency, if I cannot be reached, I hereby give my permission to St. Luke Preschool to seek emergency medical treatment for my child.

I give permission to St. Luke Preschool to contact the below person if either parent cannot be reached:

Contact's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

- I give permission for my child's picture to be included in future publicity for St. Luke Church and Preschool, including our Web site, newsletter and flyers: \_\_\_\_ YES \_\_\_\_ NO
- I understand that a \$150 deposit is due upon registration. The remainder of the tuition will be due on May 1, 2016. Refunds will be available until May 30, 2016 less a \$50 administration fee if a replacement child fills the space my child was registered for. Request for a withdrawal must be presented to the school in writing.
- Due to hiring and ordering of supplies, no refunds are available after May 30, 2016.
- No refunds are available for absences.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SEE REVERSE SIDE FOR TUITION RATES AND SELECTION CHOICES

**Summer Program Runs Monday-Friday Dates: July 5—August 12, 2016**

Please Check The Daily Session You Would Like:



\_\_\_\_\_ 9:30-12:30 OR \_\_\_\_\_ 9:30-2:30

\_\_\_\_\_ **I Would like early drop-off at 8:30 - Early Drop Off is \$10.00 per day**  
**A deposit of \$150.00 is due upon registration. The remainder of your tuition will be due**  
**on May 1, 2016. Please make checks payable to “St. Luke Preschool.”**

**PLEASE CHOOSE THE WEEKS YOU WANT TO ENROLL YOUR CHILD: (MINIMUM OF TWO WEEKS)**

\_\_\_\_\_ 6 WEEKS: TUESDAY JULY 5-FRIDAY, AUG. 12      \_\_\_\_\_ WEEK #4: MONDAY, JULY 25—FRIDAY, JULY 29  
 \_\_\_\_\_ WEEK #1: TUESDAY, JULY 5—FRIDAY, JULY 8      \_\_\_\_\_ WEEK #5: MONDAY, AUG. 1—FRIDAY, AUG. 5  
 \_\_\_\_\_ WEEK #2: MONDAY, JULY 11—FRIDAY, JULY 15      \_\_\_\_\_ WEEK #6: MONDAY, AUG. 8 —FRIDAY, AUG. 12  
 \_\_\_\_\_ WEEK #3: MONDAY, JULY 18-FRIDAY, JULY 22

**TUITION RATES: (Minimum of 2 weeks)**

**9:30-12:30 Session**

**WEEK #1..... \$140**  
**WEEKS #2—6.....\$175 per week**  
**6 WEEKS.....\$965.00**

**9:30-2:30 Session**

**WEEK #1..... \$230**  
**WEEKS #2—6.....\$285 per week**  
**6 WEEKS.....\$1580.00**

**Discount of \$25.00 will be applied to registrations received by April 11th.**

**Early Drop Off: \$10.00 per day**



**FOR OFFICE USE ONLY:**

	<u>9:30-12:30</u>	<u>9:30-2:30</u>	
_____ WEEK #1	_____ \$140.00	_____ \$230.00	Tuition: _____
_____ WEEK #2	_____ \$175.00	_____ \$285.00	Early Drop Off: _____
_____ WEEK #3	_____ \$175.00	_____ \$285.00	Discount: _____
_____ WEEK #4	_____ \$175.00	_____ \$285.00	Deposit: _____ <u>\$150.00</u>
_____ WEEK #5	_____ \$175.00	_____ \$285.00	Total Due 5/1/16: _____
_____ WEEK #6	_____ \$175.00	_____ \$285.00	

TOTAL: \_\_\_\_\_ TOTAL: \_\_\_\_\_