



*Abiding Presence*  
LUTHERAN CHURCH  
DAY SCHOOL



**SUMMER**  
PROGRAM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does your child take a nap on a daily basis? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

**I wish to register my child to attend the Summer Program.**

**Summer Program is Mon– Fri from 9:00am—2:00pm**

**Please select your choice of session/sessions:**

Circle one or two sessions

<p><b>June 19th-30th</b></p> <p><b>\$300</b></p>	<p><b>July 10th– 21st</b></p> <p><b>\$300</b></p>
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- Enrollment Fee is \$50 (non-refundable)
- The camps are \$300 per child per session.

**I have included:**

\$50 Enrollment fee

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