



*Abiding Presence*  
LUTHERAN CHURCH  
DAY SCHOOL



SUMMER  
PROGRAM

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

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

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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 Tue– Fri from 9:00am—2:00pm

Please select your choice of weeks:

WEEK 1	June 9-12	<input type="checkbox"/>
WEEK 2	June 23-26	<input type="checkbox"/>
WEEK 3	July 7-10	<input type="checkbox"/>

- Enrollment Fee is \$50 (non-refundable)
- The camps are \$200 per child per week.

I have included:

☐ \$50 Enrollment fee

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