



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 4-7	<input type="checkbox"/>
WEEK 2	June 11-14	<input type="checkbox"/>
WEEK 3	June 18-21	<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 _____