

Peace Lutheran Early Childhood Center 3161 Lawndale Road Saginaw MI 48603

FUN IN THE SON K-3 Summer Camp REGISTRATION

Child's Name:				Date of Birth:			
	Male	Female		Month Startin	ng Care:		
Parents Names:							
Email Address:							
Cell Phone and Cell	Provider:						
Home Address:							
Mother's Place of Work:				Mother's Work Phone:			
Father's Place of Work:				Father's Work Phone:			
Primary Language S							
Does your child hav	ve special needs or conce	rns?	Yes No				
If yes, explain:							
Describe any birthr	narks, scars or other ider	itifiable features (List size, shape and location	n on body):			
How did you hear a	about Peace Lutheran Ear	ly Child Care Cen	ter?				
Are you a member	of Peace Lutheran?		Yes No				
If no, where is your	place of worship?						
Is your child baptize	ed/dedicated?		Yes No				
	PRIC	CING:			Choose Your Days/	Times:	
				Cer	nter hours are 6:30ar	n-6:00pm	
	Daily Rate	\$49]		Drop Off Time	Pick Up Time	
	Weekly Rate	\$235/week		Monday			
	Hourly Rate	\$7/hour		Tuesday			
20% discount, on fees ONLY, for second child and thereafter				Wednesday			
<u> </u>				Thursday			
				Friday			
				(Occasional	changes to this sche	dule may be made	
					if space is availab	ole)	
I agree that:	gree that: All fees are non-refundable Fees must be paid monthly or late fees will be applied						
	If you fail to provide 24	to provide 24 hours notice for any absences, you will be billed for the originally scheduled hours, unless it is a closure initiated					
	by the program. If notice is not provided for non-school days you signed up for, you will be billed for those scheduled hours.						
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Signature					Date		