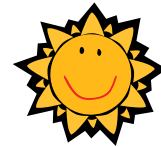




PILGRIM LUTHERAN PRESCHOOL
~~SUMMER Camp 2024~



Attached is the registration form for our summer program, which will be in session from May 20 through June 14. **Summer registration and tuition is due on or before March 28th.** You may sign up for as many weeks as you would like. If there is still class availability, we will open registration to the public on Tuesday April 9, 2024.



All programs will operate under our normal school schedule from 9 a.m. to 12:30 p.m. Send a **PEANUT/TREE NUT FREE** lunch each day for your child[ren], a **change of clothing**, a **schoolbag**, and make sure to **apply sunscreen** BEFORE class begins.

→ Extended Day until 2:30 will be available! ←
(Additional \$15 per child per day)
We will offer Early drop off (8AM) for \$5/day/child.

Children who have **completed our twos program** – (or will be **three by August 1, 2024**) through those who have completed our 5s program are eligible to attend. (Sorry, kindergarteners are not eligible). We must have a minimum of ten children enrolled in these classes. If these minimums are not met, we may ask you to move to another week, so that we can run our program in a fiscally responsible manner. **Because of limited staffing we will be limiting the number of children this year, so act quickly!**

You may choose which weeks and days ☺

Days choices are:

M/W/F, Tu/Th, **or** all 5 days (sorry...we cannot do other combinations)



Tuition

Weeks #1, #3, #4 - M/W/F = \$120/week

T/TH = \$80/week

All 5 days = \$200/week

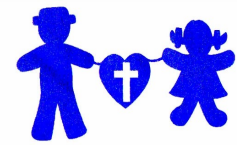
Week #2 - (Monday is Memorial Day)

W/F = \$80 per week

Tu/Th = \$80 per week

Tues-Fri = \$160/week

PILGRIM LUTHERAN PRESCHOOL
 Phone 317- 846-6132 email: preschool@pilgrimindy.org
 SUMMER CAMP REGISTRATION



Child's Name _____ male female

Birth date _____ Age on Aug 1 _____ email _____

Mother's Name _____ Father's Name _____

Address _____
 Street City State Zip Code

Primary Number _____ Cell Phone Number _____

Father's Work Phone _____ Mother's Work Phone _____

EMERGENCY PHONE NUMBERS: *(in case parents cannot be reached)*

1. _____
 Name Phone Number

2. _____
 Name Phone Number

Hours for **ALL** sessions on **ALL** days: **9 a.m. – 12:30 p.m.**

Children who have **completed** the Twos Program (Three years old by Aug. 1, 2024) –
 and including those who have finished 3s, 4s & OUR 5s, are eligible. (kindergarteners not eligible)

Weekly options: M/W/F **OR** Tu/Th **OR** All 5 days

M/W/F - \$120/week Tu/Th -\$80 /week – All 5 days- \$200/week

Tuition for all weeks includes registration and supply fee!

ACT RAPIDLY - *We have a limited number of openings for summer!*

Summer tuition is due on or before March 28th.

Please mark your calendar now for the days/weeks you register for!

Please 'X' the boxes below to indicate all the week(s)/days your child will attend:

Week #1 (5/20-5/24)	Week #2 (5/28-5/31)	Week #3 (6/3-6/7)	Week #4 (6/10-6/14)
<input type="checkbox"/> M/W/F - \$120	<input type="checkbox"/> W/F - \$80	<input type="checkbox"/> M/W/F \$120	<input type="checkbox"/> M/W/F - \$120
<input type="checkbox"/> Tu/Th - \$80	<input type="checkbox"/> Tu/Th - \$80	<input type="checkbox"/> Tu/Th \$80	<input type="checkbox"/> Tu/Th - \$80

(You may check both boxes of the same week if you would like all 5 days)

- I will use some extended days
- I will be using Early Drop-Off some days
(8-9 AM, for \$5 per day per child)
- I am not interested in using extended day
- I will not be using Early Drop Off.

Extended day is \$15 per child per day until
 2:30! Sign-up via Sign-up Genius. You will
 be billed by email after the last session.

***Please turn over and fill out back! >**



**Parent Authorization for Medical Treatment
Pilgrim Lutheran Preschool
Summer Camp May 20 – June 14, 2024**

In case of medical emergency, I understand that Pilgrim Lutheran Preschool and Parents' Time Out will make every possible effort to reach me. If I cannot be reached, I hereby give permission to the licensed physicians selected by Pilgrim Lutheran Preschool and Parents' Time Out to hospitalize, secure proper treatment, anesthesia, surgery, or x-rays for my child named on this form.

Name of Child _____

Date _____

Signature of parent/guardian

Numbers where you will be able to reach me: _____

If parents cannot be reached, please try to contact:

Name & relationship

Phone

Name & relationship

Phone

ALLERGIES?
