



PILGRIM LUTHERAN PRESCHOOL  
~~SUMMER Camp 2023~



Attached is the registration form for our summer program, which will be in session from May 22 through June 23. **Summer tuition is due on or before March 30<sup>th</sup>.** 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 11, 2023.



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.

Summer camp eligibility starts with those children who have **completed our twos program** –(or will be **three by August 1, 2023**) through our 5s (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 & #5- M/W/F = \$105/week  
T/TH = \$70/week  
All 5 days = \$175/week  
Week #2 - (Monday is Memorial Day)  
W/F = \$70 per week  
Tu/Th = \$70 per week  
Tues-Fri = \$140/week





**Parent Authorization for Medical Treatment  
Pilgrim Lutheran Preschool  
Summer Camp May 22 – June 23, 2023**

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?**

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