

Saint John Lutheran School
Summer Camp 2017: Awesome Authors and Imaginative Illustrators, Too

Student Attendance Schedule and Enrollment Form

We must have School Health form, Student Information Card and proof of age/birth date, on file also.

Child's Name & Age: _____ Child's Birth Date: _____
 Parents' Names: _____
 Address: _____
 Telephone Number: _____ Email: _____
 Allergies: _____ Emergency Contact: _____

Below, PLEASE indicate if your child will be attending 3-Day or 5-Day. 3-Day can be any 3 days, as long as it is THE SAME all Summer. The registration fee must be paid in full to secure your child's place in the program. Weekly tuition must be paid **in advance** of the scheduled week of attendance to avoid late fees.

Before Care, 6:30 am-8:30 am \$25.00 per week
Class Time, 8:30 am to 3 pm: \$125.00; 5-Days
\$75.00; 3-Days
After Care, 3:00 pm to 6:00 pm, per day: \$40.00 per week

<u>June 26 – 30</u>	Cost
5-Days:	_____
3-Days: Monday Tuesday Wednesday Thursday Friday	_____
<u>July 3 – 7 (no school July 4)</u>	
5-Days:	_____
3-Days: Monday Tuesday Wednesday Thursday Friday	_____
<u>July 10 – 14</u>	
5-Days:	_____
3-Days: Monday Tuesday Wednesday Thursday Friday	_____
<u>July 17 – 21</u>	
5-Days:	_____
3-Days: Monday Tuesday Wednesday Thursday Friday	_____
<u>July 24 – 28</u>	
5-Days:	_____
3-Days: Monday Tuesday Wednesday Thursday Friday	_____
<u>July 31 – August 4</u>	
5-Days:	_____
3-Days: Monday Tuesday Wednesday Thursday Friday	_____
<u>August 7 – 11</u>	
5-Days:	_____
3-Days: Monday Tuesday Wednesday Thursday Friday	_____
<u>August 14 – 18</u>	
5-Days:	_____
3-Days: Monday Tuesday Wednesday Thursday Friday	_____

TOTAL FOR SUMMER PROGRAM AS SCHEDULED: _____

APPLICABLE DISCOUNTS: _____

REGISTRATION FEE: (5/1 – 5/31: \$50; After 6/1: \$65) _____

Please see other side for more information and signature(s) ⇨⇨⇨ ⇨⇨⇨ ⇨⇨⇨

SAINT JOHN LUTHERAN SCHOOL – 8918 Tidewater Dr., Norfolk, VA 23503 – 757-588-8227
PAYMENT CONTRACT

By signing this agreement you agree to pay Saint John Lutheran School the weekly fees and any other fees that may apply to your account for your child over the course of his/her Summer enrollment. The applicable registration fee must be paid in full before your child can be enrolled.

- ⊗ I agree to pay the weekly fees as scheduled on the reverse of this agreement in advance of each scheduled week; at the latest by the Friday BEFORE each week.
- ⊗ I agree to pay the late pick-up fee of \$1.00 per minute if pick-up is after 6:00 p.m.
- ⊗ I agree to and understand that I will incur a late fee of \$35.00 if my payment is not made on time.
- ⊗ I agree to and understand that I will be charged a Change of Schedule Fee of \$25.00 after the program begins (June 26, 2017) if I choose to change my child's attendance schedule, including dropping a program and/or changing the number of days or days of the week my child attends.
- ⊗ I agree to and understand that I must give ADVANCE NOTICE of **at least two full weeks** when making changes to my child's attendance schedule after the program has started (June 26, 2017).
- ⊗ I agree to and understand that I must give ADVANCE NOTICE of **at least two full weeks** if I want to add a day to my child's schedule. [*Unscheduled attendance in Extended Care may be accommodated with as little as a morning's notice; but availability depends on current attendance. Please check in the School Office before making plans.*]
- ⊗ I understand that there are no refunds for days missed due to my child's illness or any other reasons.
- ⊗ I understand that the penalty fee for a returned check is \$35.00, which will be due along with the original amount due, by cash or money order, within 5 days of the school's notification from the bank. Under such conditions, future checks may not be accepted and I may be requested to make payments by cash or money order only.
- ⊗ Failure to make a week's payment within **10 days** after the due date will forfeit my child's enrollment for the rest of the program. I will be responsible for any payments overdue, plus the late fee (\$35.00).
- ⊗ If for any reason I elect to withdraw my child from the Saint John Lutheran School Summer Camp during my child's scheduled enrollment, I must give a full ten days' notice and pay the Change of Schedule Fee of \$25.00.
- ⊗ **Registration fees (whole or in-part) are NON-REFUNDABLE.**
- ⊗ I understand that the Summer Camp operates within the School's general policies and procedures as detailed in the Parent Handbook, and that if I do not have one, such handbooks can be made available to me from the school office.

Payments are expected for services rendered. If payments are not made, Saint John Lutheran School will pursue legal means to obtain monies due. All legal fees and court costs will be the responsibility of the parents, guardians or providers who have signed this agreement.

I/We, _____ and _____ hereby make application to enroll our above-named child, _____, in the Summer Camp of Saint John Lutheran School. I/We understand that the registration fee must accompany this form, and we understand and agree to the above policies regarding payments and enrollment.

Signatures of parents/guardians/providers (both must sign if both have custody):

Signature _____ SS# (required) _____ Date _____

Signature _____ SS# (required) _____ Date _____

Director's Signature _____ Date _____

Check other side for more information and attendance schedule form ⇨⇨⇨ ⇨⇨⇨ ⇨⇨⇨