

Summer Program 2020

Time: 8:30-2:30 pm

Days: Tuesday and Thursday

Ages: 18 months to children entering 2nd Grade

Dates: Six Days: Tuesdays and Thursdays June 9-25

Registration Fee: \$75 per child, per session (non-refundable)

Monthly Tuition: \$125 payable on the first day of each session

(Sibling Discount - \$15)

Drop Ins: Only if space is available and then \$40 per day (plus half registration if attending more than 1 day and full registration if attending more than 2 days).

*To secure your child's spot a registration form and registration fee for each session must be received. Registration is on a first come, first serve basis. If a class fills up a waiting list will started.

**A minimum number of students is required. Notice will be given at the end of the first week of May if the minimum number of students has not been met for a session. If this occurs, then any deposit made for the cancelled session will be refunded. No refunds will be given for any other reason.

Summer Registration

Child's Name: _____ Date of Birth: _____ Gender: _____

Parents'/Guardians' names	Address
List daytime phone numbers where parents can be reached. Mother: Father:	Parent(s) email addresses for correspondence:
In case parents cannot be reached in case of emergency, give the name and all known phone numbers of another available adult: Relationship to child:	Besides parents/guardians, my child is allowed to leave ONLY with the following persons (please list contact phone numbers with names):
Child allergies/and any treatment we are to give. MUST See Debbie to discuss treatment needs.	Child other Medical Conditions and things needed to accommodate:
Permission to have pictures online: (yes or no)	Permission to play in water (supervised): (yes or no)

Emergency Treatment & Liability Release

I, _____ (name of parent or guardian) give permission for my son/daughter, _____ (participant's name) to participate in activities sponsored by Grace Preschool & Mother's Day Out (a ministry of Grace Fellowship Church). Should emergency medical treatment ever be necessary, I authorize the staff and administration to act on my behalf and secure treatment for my child in the event that I cannot be reached. Further, I do hereby release Grace Fellowship, its officers, and all staff and administration of Grace Fellowship Preschool & Mother's Day Out from any and all liability and claims. This release covers all claims on Church/School property and accidents en-route, during, or returning from any trip or activity. The above permissions and authorizations shall remain in force until I rescind them by giving written notice to Grace Fellowship Preschool & Mother's Day Out /Grace Fellowship.

_____	_____
Parent/Guardian signature	Date

My child has been examined within the past year by a health care professional in the past 6 mos. and is able to safely participate in the day care program and is up to date on all vaccines. _____ (parents initial here).