

GRACE LUTHERAN PRESCHOOL SUMMER CAMP REGISTRATION FORM

Child's Name _____
Last First Middle

Likes to be called _____ Date of Birth _____ Age, as of Aug. 31 _____

Payment for the **days** that you sign your child up for **will need to be paid in full by May 1** to secure their spot.

Cost for camp is **\$22 per day/per child**
\$25 Registration fee per child is required

Payments may be made by check, cashier's check, money order or in cash (receipt will be given).
If paying by check, please make out to **Grace Lutheran Preschool**.

All checks presented must be able to be cashed immediately. Policy does not allow holding checks.
There is a **\$25 fee** for all checks returned for non-sufficient funds from the bank.

The account must be current in order for your child to continue to attend.

Cancellation Policy: Credit is given for missed days, the only cancellation method accepted is by calling the Preschool answering machine at (828) 693-4972, (no emails, messages on Facebook, text or phone call to staff), preferably 24 hours in advance and **no later than 8 a.m.** the morning that your child is scheduled to attend. We have a waiting list; therefore canceling will allow other children to attend.

*****The charge for not calling to cancel is \$10*****

Added days/changes: We do accept these, but please call us one day in advance to check availability.

Camp hours: **8:30 a.m. to 1 p.m.** Front doors open at **12:50 p.m.** Please be prompt at pick-up, our staff have other responsibilities after camp.

Late Fee: Preschool policy applies: If students are picked-up **after 1 p.m.**, there is a \$5 per child charge for each 5-minute interval **after 1 p.m.** Fee will be deducted from the account, or may be paid separately.

Early Pick-up: If your child needs to leave early, arrangements **must** be made with staff when you drop them off in the morning. The full day rate fee will apply; no deductions will be made for early pick-up, regardless of the reason.

Choice of Dates. You will be signing your child up for a week at a time. Please indicate your choice of weeks by signing your child's name after the date.

July 13-15 _____

July 20-22 _____

July 27-29 _____

I, _____, the parent/guardian of _____
understand and agree to all the payment and Summer Camp policies as stated above.

Parent/Guardian Signature _____ Date _____