

Abiding Savior Lutheran Preschool

Please Attach
Small Photo
Here

“Fruit of the Spirit”

SUMMER CAMP 2017

“But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control.” Galatians 5:22-23a

Please attach your \$35 non-refundable application fee. (church members: \$25)

Student: _____ M / F (Please circle)

Date of Birth: _____ Social Security # _____

Address: _____ ZIP _____

Family Email: _____

Father's name: _____ Cell Phone: _____

Place of employment: _____ Work Phone: _____

Mother's name: _____ Cell Phone: _____

Place of employment: _____ Work Phone: _____

Home phone: _____ Previous School: _____

Siblings attending camp: _____

Does your child have any allergies? Yes No

If yes, please explain: _____

Physician: _____ Phone: _____ Hospital: _____

Emergency contacts, if parent or guardian cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE INDICATE WEEKS ATTENDING

- ____ Week 1: (June 12 - 16) “Love”
____ Week 2: (June 19 - 23) “Joy”
____ Week 3: (June 26 - 30) “Peace”
____ Week 4: (July 5 - 7) “Patience” (No school July 3rd and 4th)
____ Week 5: (July 10 - 14) “Kindness”
____ Week 6: (July 17 - 21) “Goodness”
____ Week 7: (July 24 - 28) “Faithfulness”
____ Week 8: (July 31 – August 4) “Gentleness and Self-Control”

SUMMER PROGRAMS AND TUITION PER WEEKLY SESSION

Preschool Morning

8:30 – 12:00

___ TTH (\$60) ___ MWF (\$85) ___ 4 Days (\$105) ___ M-F (\$130)

Three Quarter Day

8:30 – 3:00

___ TTH (\$80) ___ MWF (\$125) ___ 4 Days (\$150) ___ M-F (\$180)

Full Day Program

8:30 – 6:00

___ TTH (\$105) ___ MWF (\$160) ___ 4 Days (\$195) ___ M-F (\$225)

___ I will use the weekly Early riser summer rate: \$4/2 days, \$6/3 days, \$8/4 days, \$10/5 days
Rate is valid only if paid in advance with your weekly tuition. No refunds for days not used.
Choose rate for total days your child is attending that week, not the days you plan to use Early
Riser. If not paid at start of week, then you will be billed for occasional use. (\$6/day)

___ I do not need the early riser rate, but may use ER occasionally. Occasional use is \$6/day.)

Child's Personal Information

1. What is your child's concept of God?

2. Has your child had a previous group or preschool experience? Yes No

Where? _____ When? _____

3. Is your child toilet trained? Yes No

4. Does your child have siblings? Yes No If yes, please list names and ages:

5. Does your child have allergies? Yes No If yes, please list:

6. Are there any medical problems of which we should be aware?

7. Are there any special food or eating instructions?

8. Each child is a unique creation. Is there anything that you feel will help us to know and better understand your child? Also, if at any time during the year there are changes in your child's life, please let us know that also.

Thank you for your cooperation!

Each year we are required to send a School Statistics Summary to the district office of the Lutheran Church Missouri Synod, which includes a section on enrollment by ethnic origin. Please circle your child's ethnic origin to help us accurately fill out our report. This information is for statistical purposes only and in no way influences our enrollment decisions. Thank you.

American Indian or Alaska Native

Asian, Black or African American

Hispanic or Latino

White

Two or more races

Native Hawaiian

Other Pacific Islander

Other

I understand that I am responsible for familiarizing myself with the policies and regulations as instituted by the State of Florida (DCF) and Abiding Savior Lutheran Preschool applicable to licensed Early Childhood Preschool and Child Care Programs, as incorporated in the Parent Handbook. I will cooperate fully in meeting these obligations to the best of my ability on behalf of my child. Further, I authorize the Abiding Savior Lutheran Preschool Director and/or staff to contact any or all persons listed above, if necessary, to fulfill their responsibilities while caring for my child.

Parent or Guardian Signature: _____ Date: _____

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SUMMER CAMP 2017

Ages 2 years through 8 years

We are so happy to have your child here for our summer camp program. Summer Camp continues to provide the same loving Christian environment you expect at our school, but allows a more flexible schedule for family summer plans. For our newly enrolled students, it will provide an easier transition to our school program in the fall.

Our program runs from June 12 – August 4 and is offered as weekly sessions. We are closed on July 3rd and 4th. Our school is open from 7:30 to 6:00 during the summer. The preschool morning is from 8:30 to 12:00. We also offer a 3:00 and a 6:00 day. Many children also choose to stay for Lunch Bunch. Lunch bunch children bring their own lunch with a drink. They must be picked up by 1:00 PM. Lunch bunch is \$6/day and will be billed at the end of the week.

We will provide a mid-morning and afternoon snack. Please send a lunch with a drink if your child is staying for the 3:00 or 6:00 program.

Occasional use of our Early Riser program is billed at \$6/day. If you plan on coming to Early Risers regularly, please sign up for the Early Riser Rate. Choose the rate that equals the total number of days your child is signed up to attend camp that week, not the days you anticipate early drop off. You must pay the rate with that week's tuition to qualify. We cannot adjust the rate for absences. Please call our office if you have questions.

If you would like your child to take a nap, please pay the \$25 nap fee. This includes use/maintenance of a mat, cover and pillow. Current ASP students who are napping do not need to pay this fee.

Please remember to sign your child in and out each day she or he comes. Children staying for our full day program must be picked up no later than 6:00. Late fees of \$10 per 10 minutes or part thereof apply effective 6:00. Tuition is due the first day your child attends each week. Changes to the coming week's schedule must be made by 9:00 AM the previous Friday.

To reserve a space, please turn in the following forms as soon as possible:

1. Completed Summer Camp Application with photo attached.
2. Summer Camp Registration Fee of \$35. (ASLC members: \$25)
3. A completed DCF Childcare Application for Enrollment, from school office, if you are new to the school.
4. A current immunization record (blue form DH 680) and physical exam form (yellow form DH 3040). These are available from your child's physician or the Alachua County Public Health Department.

Tuition policies for Summer Camp:

1. Tuition and Early Riser Rate is due Monday morning of each weekly session.
2. No refunds or credits will be issued for scheduled days your child is unable to attend camp.
3. Students currently enrolled at Abiding Savior Preschool must have their tuition paid in full before they are eligible to enroll in Summer Camp.
4. Early Risers, Lunch Bunch and Extended Care are available by the hour as an option.
5. You will be charged \$36 for returned checks.
6. A second child from the same family will be given a 10% discount.
7. Abiding Savior Lutheran Church members receive a 20% discount and pay a reduced application fee.
8. Children under the age of 3 are not required to be toilet trained. Children age 3 and older must be toilet trained. Children age 3 and older may not come to school in pull-ups or diapers.
9. Late fees of \$10 per 10 minutes or part thereof apply effective 6:00 during the summer.
10. Enrollment in summer camp does not guarantee placement in our school year program.