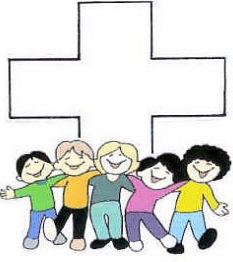


Grace Lutheran Church Early Childhood Center
422 Valhi Blvd. Houma, LA 70360
985-879-1865 Ext. 2 ecc@gracehouma.org
www.gracehouma.org



Summer Fun

May 30, 2017-July 21, 2017

A Christian Summer Day-Camp Program for Ages 2-5

Choose the week(s) that you want your child to attend

Half Day (9 a.m. – 1 p.m.) \$75/wk
(\$5 sibling discount for second child)
(\$60-- May 30- June 2) (\$45 July 5-7)

****Holidays: No School on Monday, May 29th**
and Monday, July 3 and Tuesday, July 4**

Full Day (7 a.m. – 5:30 p.m.) \$125/wk
(\$ 100--May 30-June 2) (\$75 July 5-7)
(\$10 sibling discount for second child)

Registration & Supply Fee per child- \$65
(One-time Non-Refundable)

Children bring a bag lunch

(There will also be a Bible story each week)

Themes will be 2 week themes:

June: Construction Zone and Let's Go to the Fair
July: America the Beautiful and Going Fishing

**Grace Lutheran ECC Summer Fun
Registration Form**

Please indicate the week(s) your child will be attending. A **\$10** deposit for **each week** is needed and will hold your child's spot for that week, will be applied to that week's tuition fee, and the balance will be due on the **Monday of every week**. The **Registration/Supply fee** and **Deposits** are due upon registration and are non-refundable. **A copy of your child's birth certificate, an updated shot record with an expiration date, and fees are needed to complete registration. If your child attended GLCECC this past school year, we have their shot record/birth certificate on file.**

Check one: **5 Half Day (\$75)** **5 Full Day (\$125)**

Registration & Supply Fee- \$65 (one time fee)

_____ May 30-June 2	_____ June 26-June 30
_____ June 5-9	_____ July 5-7 (Closed July 3 & 4)
_____ June 12-16	_____ July 10-14
_____ June 19-23	_____ July 17-21

Child's Name: _____ Age: _____
Date of Birth: _____ Sex _____ Grade Entering 2017-18 _____
Address: _____ City _____ Zip _____
E Mail Address: (only list if you check it regularly) _____
Mother's Name: _____ Cell _____
Father's Name: _____ Cell _____
Home Phone: _____ Other _____

Allergies: _____
If your child has allergies, an Emergency Plan MUST Be Completed. Please see Mrs. Sofie to get a copy.

Office use only:
Reg. /Supply fee paid Date: _____ Amt: _____ Check # _____
Deposit/tuition paid Date: _____ Amt: _____ Check # _____