



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 29, 2018-July 20, 2018

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 29- June 1) (\$60 July 2-6)

****Holidays: No School on Monday, May 28th**
and Wednesday, July 4**

Full Day (7 a.m. – 5:30 p.m.) \$125/wk
(\$ 100--May 29-June 1) (\$100 July 2-6)
(\$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: Dairy Days and Pond Life
July: Vacation Bound and Color/Shapes

**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 29-June 1	_____ June 25-29
_____ June 4-8	_____ July 2-6 (Closed July 4)
_____ June 11-15	_____ July 9-13
_____ June 18-22	_____ July 16-20

Child's Name: _____ Age: _____
Date of Birth: _____ Sex _____ Grade Entering 2018-19 _____
Address: _____ City _____ Zip _____
E Mail Address: _____
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 # _____