



Grace Lutheran Church Early Childhood Center  
422 Valhi Blvd. Houma, LA 70360  
985-879-1865 Ext. 2 [ecc@gracehouma.org](mailto:ecc@gracehouma.org)  
[www.gracehouma.org](http://www.gracehouma.org)

# Summer Fun

## May 28, 2019-July 19, 2019

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 28- 31) (\$45 July 1-3)**

**\*\*Holidays: No School on Monday, May 27<sup>th</sup>**  
**and Thursday, July 4 and Friday, July 5\*\***

**Full Day (7 a.m. – 5:30 p.m.) \$125/wk**  
**(\$ 100--May 28-31) (\$75 July 1-3)**  
**(\$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: In the Meadow and Giddy Up and Go**  
**July: To Market, To Market and Sports Talk**

## **Grace Lutheran ECC Summer Fun Registration Form**

Please indicate the week(s) your child will be attending. A **\$25** deposit for **each week** is needed for **Half Day** and a **\$50** deposit for **Full Day**. This 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 28-31	_____	June 24-28
_____	June 3-7	_____	July 1-3 (Closed July 4 &5)
_____	June 10-14	_____	July 8-12
_____	June 17-21	_____	July 15-19

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Grade Entering 2019-20 \_\_\_\_\_

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 # \_\_\_\_\_