



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

June 1-July 23, 2021

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 31-June 4) (\$60 July 5-9)

****Holiday No School- Monday, May 31 and Monday, July 5**

Full Day (7 a.m. – 5:30 p.m.) \$125/wk
(\$100 May 31-June 4) (\$100 July 5-9)
(\$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: Great Outdoors
July: Summer Safety

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)

_____	June 1-4	_____	June 28-July 2
_____	June 7-11	_____	July 6-9 (Holiday Week)
_____	June 14-18	_____	July 12-16
_____	June 21-25	_____	July 19-23

Child's Name: _____ Age: _____

Date of Birth: _____ Sex _____ Grade Entering 2020 _____

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 # _____