

South Table Mountain PRESCHOOL

A Ministry of Faith Lutheran Church - Golden, CO

Summer School 2019

Registration Due May 1

Tuesday, May 28 – Thursday, July 18

Age 3 through entering Kindergarten (and potty-trained)

In registering my child for summer school at South Table Mountain I /we agree to the following:

Schedule and Conditions:

We are open Monday – Thursday, 8:30 am – 3:30 pm. After school care until 4:30 pm is available for \$10/day. *Early drop-off is not available in the summer.*

STMP is closed Thursday, July 4. There is no charge for this holiday.

Minimum schedule required to attend is 2 full days or the equivalent. *Registrations from current full-day students will be given priority enrollment.* Other registrations will be accepted on a first-come, first served basis and will be scheduled if space is available.

A \$100 nonrefundable deposit is due with your registration.

Tuition is charged at current rates. There are two billing periods for the summer. The first billing period is 5 weeks through the end of June and the second billing period is 4 weeks through the end of July. Tuition is due the 10th of June and July.

Faith Lutheran Church's Annual Kids Camp (VBS) is July 15-19. Your child will attend Kids Camp as part of their school day that week. Summer tuition covers the cost of Kids Camp.

I understand and agree to the Summer School guidelines for my child to attend summer school at South Table Mountain Preschool.

Parent Signature: _____ Date: _____

(Please complete Registration Form on the reverse side)

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SUMMER SCHOOL REGISTRATION

I hereby apply for enrollment of my child to South Table Mountain Preschool for Summer 2019.

Child's Full Name: _____

Address: _____ **City** _____ **Zip** _____

Birth date: _____ **Age:** ____ **Sex:** M ____ F ____

Mother's Name: _____

Father's Name: _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Email Address: _____

Allergies or Other Concerns: _____

Preferred Schedule:

Summer School Days/Hours: Mon – Thurs, 8:30 a.m. – 3:30 p.m.

Days: M T W TH (Circle choice of days)

Time: (AM) _____ (Lunch Bunch) _____ (Full Day) _____

Parent Signature: _____ **Date:** _____

The \$100.00 registration fee is due at the time of registration and is non-refundable.

Please do not write below this line

Director Signature _____

Registration Fee (\$100.00) received on: _____ Check # _____