

Office Use: ____ Fee Paid ____ Payment Number ____ Processing Number ____ Full Day ____ Part Day

Living Christ Preschool 2020-Summer Camp Application

110 North Gammon Road, Madison WI 53717

608-829-3598



☐ Check box if your child is a returning student

Child's Name _____
(First) (Middle) (Last) (Nickname)

Birthdate _____ Age as of 5/25/20 _____ Gender ____ Male ____ Female

Address _____

Paternal Guardian Name _____ Cell (____) _____

Paternal Guardian Workplace _____ Work (____) _____

Paternal Guardian Email _____

Maternal Guardian Name _____ Cell (____) _____

Maternal Guardian Workplace _____ Work (____) _____

Maternal Guardian Email _____

Emergency Contact (other than parents) _____ Cell (____) _____

Address _____ Relationship _____

Authorized Pick-Ups: Other than parents, persons who are authorized to pick up the child, if none, write (none)

Name: _____ Relationship to Child: _____

Address: _____ Phone: (____) _____

Name: _____ Relationship to Child: _____

Address: _____ Phone: (____) _____

Connection:

How did you hear about Living Christ Preschool? _____

Religious Affiliation _____ Your Local Place of Worship _____

Would you like to know more about Lutheran Church of the Living Christ? __ Yes __ No

Physician/Medical Facility Information

Name of Child's Doctor/Hospital: _____

Doctor/Hospital Address: _____

Doctor/Hospital Phone Number: _____

Describe any allergies or other special physical or emotional needs your child may have

- ☐ Yes ☐ No I give consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- ☐ Yes ☐ No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. (None at Living Christ)

Permissions/Authorizations: Of the last 2 items, please choose only 1 as yes, mark the other as no

- ☐ Yes ☐ No I give consent for my child to participate in field trips and activities during operating hours
- ☐ Yes ☐ No I give consent for pictures of my child to be used for display in the preschool/church
- ☐ Yes ☐ No I give consent for pictures of my child to be used advertising purposes (Facebook, Website)

Choose one of the following options:

- ☐ Yes ☐ No I give consent for LCP to use Equate Kids SPF 50 sunscreen for my child as needed
- ☐ Yes ☐ No I give consent for LCP to use parent provided sunscreen _____ as needed

Potty Trained: If your child is 3+ are they potty trained _____ Yes _____ Almost _____ No

Home Language: If English isn't your primary language, what language is spoken at home? _____

Key Fob Policy

- Each family will receive one key fob. If both parents share pick up/drop off responsibilities, please talk to the office about a second fob.
- If the fob number becomes illegible, please stop by the office to have it re-marked.
- When you enroll your child, there will be a \$10 Fob Fee on your first bill. On your child's last day when you return your fob, you will get your \$10 back.
 - This fee will also be applied for any additional fobs your family may ask for.

Parent Handbook Agreement

_____ By initialing this line, I acknowledge that I have read the Living Christ Preschool Parent Handbook found at <https://www.living-christ-preschool.com/student-forms> and that I agree to abide by all policies and procedures stated therein. (Hard copies given upon request)

Parent/Guardian Signature: _____ Date: _____

Enrollment Contract

Fees: Please initial each line to acknowledge your understanding of these fees

_____ An application fee of \$60 is due when applications are turned in for both summer and fall, applications will not be processed until this fee is paid. These fees are non-refundable.

_____ (Fall Enrollment Only) The first month's tuition invoice will be calculated and sent out with confirmation for child's application being processed. This invoice must be paid in order to finalize the child's enrollment and hold their spot. This tuition is non-refundable.

_____ Materials from the materials list will be brought in at Open House or on the child's first day of school. If the family chooses, they may instead pay the \$90 materials fee at Open House. If no materials are brought in, the \$90 Materials Fee will be assessed on the next invoice.

Tuition: Please initial each line to acknowledge your understanding of these policies

_____ After the first invoice to confirm your child's spot, invoices will be sent on the first of each month, for a month in advance. (October's invoice will be sent in September). Invoices are due by the 10th of the month they are sent out.

_____ If tuition is not paid by the 10th, there will be a \$20 late fee added. An additional \$20 will be assessed for every 5 days the invoice remains unpaid. If an invoice remains unpaid through the end of the month the child's enrollment may be terminated.

_____ Tuition must be paid to hold a child's spot. Long term absences will not be deducted from tuition.

_____ A \$10 No Call/No Show fee will be assessed if your child is not to school by 9:00 am and their absence has not been called in to the office, 608-829-3598. You must leave a message, or speak to a teacher.

_____ Tuition may be paid via cash, check-made out to Living Christ Preschool, or online. If paying online with a credit card part time families must add a \$15 convenience fee to the invoice total, full time families add \$30. To avoid this convenience fee you may choose to transfer payment from your account to the preschool account.

Withdrawal: Please initial each line to acknowledge your understanding of these policies

_____ If your child will be un-enrolled, we require a 30-day written notice before child will be un-enrolled. Any outstanding invoices must be paid.

_____ If a child has needs that cannot be met or is negatively impacting the learning environment and safety of others we reserve the right to terminate the child's enrollment. See Parent Handbook, page 6.

_____ At any point, for withdrawal or otherwise, paid tuition and fees are not refundable.

Parent/Guardian Signature _____ Date _____

**All policies, including these, can be found in greater detail in Parent Handbook*

Summer Camp Weekly Tuition

Part Day 8:30-12:30	Age of Child	Full Day 7:00-6:00				
Weekly	As of 5/25/20	Daily	2 Days	3 Days	4 Days	5 Days
\$225	0-1 Year	\$85	\$170	\$235	\$305	\$375
\$200	1-2 Years	\$80	\$160	\$220	\$285	\$350
\$175	2-3 Years	\$70	\$140	\$190	\$260	\$300
\$150	3-5 Years	\$65	\$130	\$175	\$225	\$275

All students will need a parent provided, nutritious lunch.

Full Day Students: Please check mark the days you wish to attend

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please indicate your estimated drop off/pick up time: _____

Please Mark Requested Weeks in the far Right Column

Weeks	Theme—In the Beginning, God Created	Requested
May 26-29	Light: Day 1	
June 1-5	Darkness: Day 1	
June 8-12	Sea: Day 2	
June 15-19	Sky: Day 2	
June 22-26	Land: Day 3	
June 29-July 2	Plants: Day 3 (Closed July 3 rd for July 4 th Holiday)	
July 6-10	Sun: Day 4	
July 13-17	Moon and Stars: Day 4	
July 20-24	Birds: Day 5	
July 27-31	Fish: Day 5	
Aug 3-7	People: Day 6	
Aug 10-14	Land Animals: Day 6	
Aug 17-21	God Rested/It is Good: Day 7	

****Families paying Summer Tuition in full by April 30th will receive a 10% discount****

_____ I will be paying in full for the summer to receive 10% discount (Due by April 30th)

_____ I will be paying monthly for the weeks I have requested

Other Fees

- Application Fee: \$60 required before application will be processed
- Late Pick Up Fee: \$10 per 15 minutes after end of day (12:30 or 6:00)

Parent/Guardian Signature: _____ Date: _____

Application Fee of \$60 is required before application will be processed

All Registration Fees and Tuition are NON-REFUNDABLE

