Summer at St. Luke's Day School Camp Play-A-Lot — 2024 APPLICATION

Child's Last Name		First Name		Name Called _		
Child's Birth Date		Age as of 9	/1/2024	Gender	MALE	FEMALE
Address			City	State	Zip	
Primary Phone #			Home Phone	e#		
Parent/Guardian 1 Inform	mation Mother	Father	Parent/Guar	dian 2 Information	Mother	Father
Name			Name			
Cell #			Cell #			
Work #			Work#			·
E-mail			E-mail			
Camper currently enrolle	ed (2023-24)? Yes*	No	SLU	IMC Member?	Yes	No
*If yes, class/teachers			SLU	IMC Staff?	Yes	No
Rank all applicable clas	s choices. Daily hours	are 9am-2:	30pm Monda	y-Friday. No camp Thurs	sday, July 4	
Available days are liste	d below each age grou	p; rates are	listed below	sessions.		
Registration Fee: Co	urrently Enrolled-No Fee	Church	n Member-\$50	Non-Member-\$100	For Of	fice Use Only
Choose One Age Group	and Rank Your Choices o	of Days:				
Summer Twos	Summer Threes	Sur	nmer Fours	Summer Fives		
Age 2 by 9/1/24	Age 3 by 9/1/24		<u>9/1/24</u>	Age 5 by 9/1/24		
Mon-Wed Thu-Fri	Mon-Fri Mon-Wed	Mon-Fri Mon-We		Mon-Fri		
	Thu-Fri					
1st Choice	2nd Choice	3rd Choice				
Choose Sessions (priorit	y is given to those who	choose ALL s	sessions):			
ALL SESSIONS	Session 1	Ses	ssion 2	Session 3		
6/3-6/7, 6/17-8/9 (9 wks)	6/3-6/28 (3 wks)	7/1-7/19	9 (3 wks)	7/22-8/9 (3 wks)		
M-F - \$2420	M-F - \$825	M-F - \$7	70	M-F - \$825		
M-W - \$1485 Th-F - \$935	M-W - \$495 Th-F - \$330	M-W - \$4 Th-F - \$2		M-W - \$495 Th-F - \$330		
I understand and agree will be required to confir confirmation. Tuition wil – 6/17, Session 3 – 7/8. O writing (email acceptable	m or decline acceptance I be charged on the follo Credit is not given for a c e) and received a minimu D-14 (Vacation Bible Scho	nce and wait by April 22. wing schedu hild's absend um of 5 busil pol) or July 4	list notification of the control of	ons will go out no later than applicable registration fee refundable once paid: Sesses school is not in session. C	will be char sion 1 – 5/20 ancellations	ged upon), Session 2 must be in
Parent's Signature						
			•			
Appl Rec'd		. Age Lev	eı		out	

SUMMER CAMP 2024 APPLICATION – Page 2

Child's Name	Birth Date	Program	
St. Luke's enrolls a limited number of children with i allergies. Answering "yes" to any of the following quadditional documentation later in the registration promplete.	estions does not necessarily	preclude enrollment and v	will require
Does your child have any identified allergies?	es No If yes, are these	food allergies? Yes	No N/
If yes, please describe the nature of the allergies:			
Has your child had any identified medical needs or colling of the medical needs or colling of the medical needs or colling of the medical needs or colling or colling of the medical needs or colling		ously)? Yes No	
Has your child had any identified developmental or If yes, please describe the nature of these needs:	behavioral special needs (cui	rrently or previously)?	Yes No
Has your child received any kind of therapy in the parties, please describe the nature of the therapy:	ast twelve months? Yes	s No	
Initials Date			

St. Luke's Day School Payment Information & Electronic Funds Transfer Authorization Summer Camp 2024

PAYOR INFORMATION:				
Payor Name		Email		
Payment for Child(ren) (First and Las	t Name)			
Currently Enrolled 202	23-24 School Year – USE PAY	MENT METHOD ON FILE		
	OSE METHOD OF PAYMENT	(Choose one)		
ACH				
Accountholder Name		Phone #		
Address, City, State, Zip				
Routing Number Acco	ount Number (include all leading zero	Checking	Savings	
Bank or Credit Union Name	Bank or Credit Union Add	dress		
CREDIT CARD	SLDS accepts Visa, Master(Card, and American Express		
Cardholder Name		Phone #		
Billing Address, City, State, Zip				
Account Number		Expiration Date		
St. Luke's Day S	_	on Fee only. Application must be has sfor further payment deadlines and cted.)		
initiate credit card charges to the agreement, I am required	the above-referenced credit ca	cries to my checking or savings acount. To properly affect the Credit Union members: please payments.	ne cancellation of	
Payor Signature		 Date		

St. Luke's Day School Cover Page & Checklist – Summer Camp 2024

Registration Priority:

Currently En	rolled (2023-24) Student	SLUMC Church Mer	mber	
Currently Enrolled New Sibling		Community		
Information:				
Child's LAST Nam	d's LAST Name FIRST Name			
Summer Program	:			
Summer Tw age 2 by 9/1/2		Summer Fours age 4 by 9/1/24	Summer Fives age 5 by 9/1/24 (entering Kindergarten)	
Parent Name _				
Parent Email _		Pare	nt Phone	
Sibling(s) applyin	g? Yes No	If yes, name/age group		
I understand that Applicati Due date Applicati Acceptar If my chil	ons are put in order of process for all priority levels is Febons received after the due of the and waiting list notificated is accepted, Parents will be required to obtain the charged upon	date will be processed in orde ions will go out no later than confirm or decline acceptance on confirmation and is non-re	h registration priority level. or of receipt. March 28. or by April 22. Registration fee for new efundable.	
• (Session 1 on 5/20, Session 2	on 6/17, Session 3 on 7/8.	and is not refundable once paid: eceived a minimum of 5 business days prior	
If my chil	d is wait listed, no payment	s will be run; parents will be	contacted if a place becomes available.	
Parent Signature	:		Date:	