## Summer at St. Luke's Day School Camp Play-A-Lot — 2025 APPLICATION — SUMMER TWOS to FIVES

Child's Last Name	First Name			Name Called _		
Child's Birth Date	Age as of 9	9/1/2025 _		Gender	MALE	FEMALE
Address		City		State	Zip	
Primary Phone #		Home Ph	one #			
Parent/Guardian 1 Information Moth	er Father	Parent/G	uardian 2 Infor	<u>mation</u>	Mother	Father
Name		Name				
Cell #		Cell #				
Work #		Work #				
E-mail		E-mail				
Camper currently enrolled (2024-25)?	′es* No	:	SLUMC Membe	r?	Yes	No
*If yes, class/teachers		:	SLUMC Staff?		Yes	No
Bank all analisable alass sheisas. Dailu ha		20	alau. Fuialau			

<u>Rank all applicable class choices</u>. Daily hours are 9am-2:30pm Monday-Friday. Available days are listed below each age group; rates are listed below sessions.

<b>Registration Fee:</b>	Currently Enrolled-No Fee	Church Member-\$50	Non-Member-\$100	For Office Use Only
Choose One Age Grou	p and Rank Your Choices of	Days:		
Summer Twos	Summer Threes	Summer Fours	Summer Fives	
Age 2 by 9/1/25	Age 3 by 9/1/25	Age 4 by 9/1/25	Age 5 by 9/1/25	
Mon-Wed	Mon-Fri	Mon-Fri	Mon-Fri	
Thu-Fri	Mon-Wed	Mon-Wed		
	Thu-Fri			
1st Choice	2nd Choice	3rd Choic	e	
Choose Sessions (prio	rity is given to those who ch	oose ALL sessions):		
ALL SESSIONS	Session 1	Session 2	Session 3	
6/2-6/6, 6/16-8/8 (9 wks	5) 6/2-6/27 (3 wks)	6/30-7/18 (3 wks)	7/21-8/8 (3 wks)	
M-F - \$2365	M-F - \$770	M-F - \$770	M-F - \$825	
M-W - \$1485	M-W - \$495	M-W - \$495	M-W - \$495	
Th-F - \$880	Th-F - \$275	Th-F - \$275	Th-F - \$330	

I understand and agree to these terms: Acceptance and wait list notifications will go out no later than March 28. Parents will be required to confirm or decline acceptance by April 21. If accepted, applicable registration fee will be charged upon confirmation. Tuition will be charged on the following schedule and is not refundable once paid: Session 1 - 5/19, Session 2 - 6/16, Session 3 - 7/7. Credit is not given for a child's absence or days the school is not in session. Cancellations must be in writing (email acceptable) and received a minimum of 5 business days prior to the payment date.

There is no camp June 9-13 (Vacation Bible School), June 19 (Juneteenth), or July 4 (Independence Day). SLDS Summer Camp is open to all children regardless of race, ethnicity, or religious preference.

Parent's Signature			Date	
		For Office Use Only		
Appl Rec'd	Start Date	Age Level	Input	
Accpt	W.L.		Ledger	

SUMMER	CAMP	2025	<b>APPLICA</b>	TION -	Page 2	2
--------	------	------	----------------	--------	--------	---

Child's Name	Birth Date Program	
St. Luke's enrolls a limited number of children with allergies. Answering "yes" to any of the following q additional documentation later in the registration p complete.	uestions does not necessarily	preclude enrollment and will require
Does your child have any identified allergies?	Yes No If yes, are these	food allergies? Yes No N/A
If yes, please describe the nature of the allergies:		
Has your child had any identified medical needs or If yes, please describe the nature of the medical ne		ously)? Yes No
Has your child had any identified developmental or	r behavioral special needs (cur	rently or previously)? Yes No
If yes, please describe the nature of these needs:		
Has your child received any kind of therapy in the p If yes, please describe the nature of the therapy:	past twelve months? Yes	No

Initials \_\_\_\_\_ Date \_\_\_\_\_

## St. Luke's Day School Payment Information & Electronic Funds Transfer Authorization Summer Camp 2025

PAYOR INFORMATIO	<u>N:</u>				
Payor Name	Email	Email			
Payment for Child(ren) (First	and Last Name)				
Currently Enroll	ed 2024-25 Schoo	ol Year – USE PAYMENT ME	THOD ON FILE		
FOR NEW CAMPERS	CHOOSE METHO	<u>DD OF PAYMENT</u> (Choose o	ne)		
Accountholder Name		Phone #			
Address, City, State, Zip					
Routing Number	Account Number (in	nclude all leading zeros)	Checking	Savings	
Bank or Credit Union Name	Ba	ank or Credit Union Address			
CREDIT CARD	SLDS acc	cepts Visa, MasterCard, and Ai	merican Express		
Cardholder Name		Phone #			
Billing Address, City, State, Z	p				
Account Number		Expiration Da	te		

CHECK Submit check or money order for the Registration Fee only. Application must be hand-delivered to St. Luke's Day School. Please refer to instructions for further payment deadlines and information. (Do not submit a check if ACH or credit card selected.)

I hereby authorize St. Luke's Day School to initiate debit entries to my checking or savings account (ACH) OR, initiate credit card charges to the above-referenced credit card account. To properly affect the cancellation of the agreement, I am required to give 10 days' written notice. Credit Union members: please contact your credit union to verify account and routing numbers for automatic payments.

Payor Signature

## St. Luke's Day School Cover Page & Checklist – Summer Camp 2025

Registration Priority:					
Currently Enrolled (2024-25) Student		SLUMC Church N	lember		
Currently Enrolled New Sibling		Community			
Information:					
Child's LAST Name		FIRST Nan	ne		
Summer Program:					
Summer Twos	Summer Threes	Summer Fours	Summer Fives	Summer Sixes	
age 2 by 9/1/25	age 3 by 9/1/25	age 4 by 9/1/25	*age 5 by 9/1/25 *(entering Kin	*age 6 by 9/1/25 ndergarten)	
Parent Name					
Parent Email		Pa	arent Phone		
Sibling(s) applying?	Yes No If	yes, name/age group _			
Checklist:					
I have					
Completed 4-p	age Summer Camp 2025	Application, including p	payment information.		
I understand that					
Due dates for a	e put in order of process all priority levels is Febru ceived after the due dat	ary 21.		y level.	
	d waiting list notificatior				
If my child is ac	ccepted,				
	s will be required to con its will be charged upon	•			
	n tuition will be charged n 1 on 5/19, Session 2 oı			le once paid:	
	llations must be in writir um of 5 business days p		sscott@stlukesmethodi	st.org) and received a	
If my child is w	If my child is wait listed, no payments will be run; parents will be contacted if a place becomes available.				

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_