

# 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 9/1/2025 \_\_\_\_\_ Gender ☐ MALE ☐ FEMALE

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

<u>Parent/Guardian 1 Information</u>		Mother	Father	<u>Parent/Guardian 2 Information</u>		Mother	Father
Name _____				Name _____			
Cell # _____				Cell # _____			
Work # _____				Work # _____			
E-mail _____				E-mail _____			

Camper currently enrolled (2024-25)? ☐ Yes\* ☐ No SLUMC Member? ☐ Yes ☐ No

\*If yes, class/teachers \_\_\_\_\_ SLUMC Staff? ☐ Yes ☐ No

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

**Registration Fee:**      Currently Enrolled-No Fee      Church Member-\$50      Non-Member-\$100

**Choose One Age Group and Rank Your Choices of Days:**

Summer Twos	Summer Threes	Summer Fours	Summer Fives
<u>Age 2 by 9/1/25</u>	<u>Age 3 by 9/1/25</u>	<u>Age 4 by 9/1/25</u>	<u>Age 5 by 9/1/25</u>
Mon-Wed	Mon-Fri	Mon-Fri	Mon-Fri
Thu-Fri	Mon-Wed	Mon-Wed	
	Thu-Fri		

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

**Choose Sessions (priority is given to those who choose ALL sessions):**

ALL SESSIONS	Session 1	Session 2	Session 3
<b>6/2-6/6, 6/16-8/8 (9 wks)</b>	<b>6/2-6/27 (3 wks)</b>	<b>6/30-7/18 (3 wks)</b>	<b>7/21-8/8 (3 wks)</b>
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

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**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** \_\_\_\_\_

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Appl Rec'd \_\_\_\_\_ Start Date \_\_\_\_\_ Age Level \_\_\_\_\_ Input \_\_\_\_\_

Acpt \_\_\_\_\_ W.L. \_\_\_\_\_ Ledger \_\_\_\_\_

## SUMMER CAMP 2025 APPLICATION – Page 2

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Program \_\_\_\_\_

St. Luke's enrolls a limited number of children with identified conditions or special needs; we must also be aware of all allergies. Answering "yes" to any of the following questions does not necessarily preclude enrollment and will require additional documentation later in the registration process. **All questions must be answered for the application to be complete.**

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:

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Has your child had any identified medical needs or conditions (currently or previously)?      Yes      No

If yes, please describe the nature of the medical need or condition:

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Has your child had any identified developmental or behavioral special needs (currently or previously)?      Yes      No

If yes, please describe the nature of these needs:

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Has your child received any kind of therapy in the past twelve months?      Yes      No

If yes, please describe the nature of the therapy:

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

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

**PAYOR INFORMATION:**

Payor Name

Email

Payment for Child(ren) (First and Last Name)

**Currently Enrolled 2024-25 School Year – USE PAYMENT METHOD ON FILE**

**FOR NEW CAMPERS - CHOOSE METHOD OF PAYMENT (Choose one)**

**ACH**

Accountholder Name

Phone #

Address, City, State, Zip

Routing Number

Account Number (include all leading zeros)

Checking

Savings

Bank or Credit Union Name

Bank or Credit Union Address

**CREDIT CARD**

SLDS accepts Visa, MasterCard, and American Express

Cardholder Name

Phone #

Billing Address, City, State, Zip

Account Number

Expiration Date

**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

Date

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

**Registration Priority:**

Currently Enrolled (2024-25) Student

SLUMC Church Member

Currently Enrolled New Sibling

Community

**Information:**

Child's LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

**Summer Program:**

**Summer Twos**

age 2 by 9/1/25

**Summer Threes**

age 3 by 9/1/25

**Summer Fours**

age 4 by 9/1/25

**Summer Fives**

\*age 5 by 9/1/25

\*(entering Kindergarten)

**Summer Sixes**

\*age 6 by 9/1/25

Parent Name \_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Phone \_\_\_\_\_

**Sibling(s) applying?**      Yes      No      If yes, name/age group \_\_\_\_\_

**Checklist:**

I have...

Completed 4-page Summer Camp 2025 Application, including payment information.

I understand that...

Applications are put in order of processing with a drawing for each registration priority level.

Due dates for all priority levels is February 21.

Applications received after the due date will be processed in order of receipt.

Acceptance and waiting list notifications will go out no later than March 28.

If my child is accepted,

- Parents will be required to confirm or decline acceptance by April 21. Registration fee for new students will be charged upon confirmation and is non-refundable.
- Session tuition will be charged on the following schedule and is not refundable once paid:  
Session 1 on 5/19, Session 2 on 6/16, Session 3 on 7/7.
- Cancellations must be in writing (email acceptable to [sscott@stlukesmethodist.org](mailto:sscott@stlukesmethodist.org)) and received a minimum of 5 business days prior to payment date.

If my child is wait listed, no payments will be run; parents will be contacted if a place becomes available.

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

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