

**Grace Lutheran Church Early Childhood
Center**

422 Valhi Blvd. Houma, LA 70360

985-879-1865 Ext. 2 ecc@gracehouma.org

www.gracehouma.org

Summer Fun May29-July 27, 2012

A Christian Summer Day-Camp Program for ages 2 – 5

(Children must not have completed a grade higher than Pre-Kindergarten)

Choose the week(s) that you want your child to attend

Half Day (9 a.m. – 1 p.m.) \$75/wk
(\$5 sibling discount for second child)
(\$60 May 28--June 1 and July 2-6)

**Holidays: No Camp-Monday, May 28 and
Wednesday, July 4**

Full Day (7 a.m. – 5:30 p.m.) \$125/wk
(\$ 100 May 28-June 1 and July 2-6)
(\$10 sibling discount for second child)

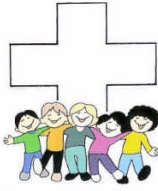
Registration & Supply Fee per child- \$65
(One-time Non-Refundable)

Children bring a bag lunch

Themes:

(There will also be a Bible story each week)

Rainy Day Fun, Giddy Up and Go, Caterpillar to Butterfly,
Going Fishing, Pizza Parlor, and Sports Talk



Grace Lutheran ECC Summer Fun Registration Form

Please indicate the week(s) your child will be attending. A **\$10** deposit for **each week** is needed and will hold your child's spot for that week, will be applied to that week's tuition fee, and the balance will be due on the **Monday of every week**. The **Registration and Supply fee** are also due upon registration. (Registration/Supply Fee and Deposits are non-refundable)

A copy of your child's birth certificate, an updated shot record with an expiration date, and fees are needed to complete registration.

Check one: **5 Half Day (\$75)** **5 Full Day (\$125)**

**Registration & Supply Fee- \$65
(One-time fee)**

| | |
|---|------------------------------------|
| _____ May 28-June 1 (No Camp May 28) | _____ July 2-6 (No Camp July 4) |
| _____ June 4-8 | _____ July 9-13 |
| _____ June 11-15 | _____ July 16-20 |
| _____ June 18-22 | _____ July 23-27 |
| _____ June 25-29 | |

Child's Name: _____ Age: _____

Date of Birth: _____ Sex _____ Grade 2012-2013 _____

Address: _____ City _____ Zip _____

E Mail Address: (only list if you check it regularly) _____

Mother's Name: _____ Cell _____

Father's Name: _____ Cell _____

Home Phone: _____ Other _____

Office use only:

Reg. /Supply fee paid Date: _____ Amt: _____ Check # _____

Deposit/tuition paid Date: _____ Amt: _____ Check # _____