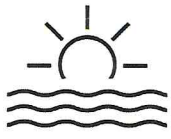
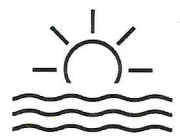


Child's name:	Date:
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GOOD SHEPHERD LUTHERAN PRESCHOOL

**929 South Tyndall Parkway
Panama City, Florida 32404-7242
(850) 871-6600**



Application for Summer Childcare Program

I am enrolling my child in the Summer Childcare Program. Please mark the child's 2024-2025 school year level below.

_____K-2 _____K-3 _____K-4 _____K-5

*****ALL CHILDREN MUST BE FULLY POTTY TRAINED.*****

REGISTRATION AGREEMENT

I hereby apply for the attendance of my child in Good Shepherd Lutheran Early Learning Center's Summer Childcare Program.

Summer Childcare Program begins **Monday 3 June 2024 and ends Friday 2 Aug, 2024.**

Closed for Holidays on 19 June (Juneteenth) and 1 thru 5 July (Independence Day Holiday).

Program is from 7:00A.M. until 5:30P.M. Five days per week.

I understand that the Registration Fee is to accompany this application and is **not refundable.**

Registration Full Fee: \$100.00

Summer Program Tuition

Full Time Program (Available from 7:00A.M. until 5:30P.M./Five days per week).
\$187.00 per week regardless of attendance. \$187.00 X 8 weeks = \$1,496.00 .

A 10% discount \$1,346.40 is available if paid in full in advance.

Summer childcare **fees are due on a weekly PREPAY system** and are due before child is signed into care every Monday.

Non-Sufficient Funds (NSF) checks will not be resubmitted. The NSF check will be returned to the owner. Cash payment of the check face value plus the \$36.00 NSF service fee is due immediately. Future payments may not be made by check. All future payments must be paid by cashier's check, money order or cash.

Parents will provide their child's packed lunch. School will provide morning and afternoon snacks.

_____	_____	_____
Print Name	Signature of Parent/Guardian	Date

Date of Enrollment: _____

Student Information: Date of Birth: _____ Sex: _____

Last Name: _____ First Name: _____ Middle Name: _____

Family Information: Custody: Mother _____ Father _____ Both _____ Other _____ Parent/Guardian
Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Employer Address: _____ Employer Phone: _____

Parent's Email Address: _____

Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Employer Address: _____ Employer Phone: _____

Parent's Email Address: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Care Plan instructions including symptoms, medication, and notification in the event of an actual
emergency (if applicable):

Emergency Contacts: Child will be released only to the custodial parent(s) or legal guardian(s) and
the persons listed below. The following people will also be contacted and are authorized to remove
the child from the facility in case of illness, accident or emergency, if for some reason, the custodial
parent(s) or legal guardian(s) cannot be reached:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Helpful Information About Child:

Would you desire a Pastoral Visit? Yes_____ No_____

I hereby grant permission to the staff of this facility to take pictures of my child. Yes___ No___

(Any pictures taken at the facility may be used on the center's Facebook page and/or website.)

List any therapy the child receives:_____

List any additional information you want staff members to know_____

I grant permission for my child to participate in food related activities.

Yes ___ With restrictions ___ No ___

List restrictions:_____

For Your Information: Please read and initial below.

Initials:_____ Sections 7.3 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681). Some children do not have current immunizations due to religious exemption.

Initials:_____ Section 14.3 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the childcare facility.

Initials:_____ PLEASE NOTE: All required payments and paperwork must be provided before your student will be permitted to start school. Your signature below indicates that you received the above items and that the information on this enrollment form is complete and accurate.

Print Name

Signature of Parent/Guardian

Date