

**MESSIAH LUTHERAN CHILD CARE**  
**1605 VERNON AVE. PARK RIDGE, ILLINOIS 60068**  
**WEB SITE [www.messiahchildcare.com](http://www.messiahchildcare.com)**  
**Phone # 847-825-3767**  
**Church # 847-823-6984**  
**Fax # 847-823-6996**

**REGISTRATION – SUMMER 2010 June 14<sup>th</sup> – August 12<sup>th</sup>**

Last Name	Child's First Name	Birthdate
Street Address	City	Zip code
(____) _____ Home Phone	_____ email address	
Mother's Name	(____) _____ Work Phone	_____ Cell phone and/or Pager
Father's Name	(____) _____ Work Phone	_____ Cell phone and/or Pager

**CHECK APPROPRIATE PROGRAM - (See Class Description sheet for details)**

- DAY CAMP (COMPLETED KINDERGARTEN TO 9 YEARS OLD)
- PRE-SCHOOL (THREE YEARS OLD TO KINDERGARTEN)

**CHECK DAYS AND FILL-IN HOURS ATTENDING (example:  MONDAY 8:30-4:00)**

- |  |  |
|--|--|
| <input type="checkbox"/> MONDAY _____    | <input type="checkbox"/> <b>Non-Refundable</b> Registration Fee <b>\$ 50.00</b>                              |
| <input type="checkbox"/> TUESDAY _____   | <input type="checkbox"/> <b>Non-Refundable</b> Deposit <b>\$ 100.00</b><br>(applied toward the first 2 wks.) |
| <input type="checkbox"/> WEDNESDAY _____ |  |
| <input type="checkbox"/> THURSDAY _____  | Total enclosed <b>\$ _____</b>   |
| <input type="checkbox"/> FRIDAY _____    | <b>(non-refundable)</b><br>Made payable to Messiah Child Care  |

**\*\*\*\*Summer Program: Monday, June 14<sup>th</sup>-Thursday, August 12<sup>th</sup>\*\*\*\***

Children must attend a **minimum of four consecutive weeks** to be eligible for the summer program. This must include either the first week of the summer program or the last week. **Please note; we will be closed on Friday, August 13th thru Friday, August 20th for cleaning.**

Child's **first day attending** the summer program: \_\_\_\_\_

Child's **last day attending** the summer program: \_\_\_\_\_

A vacation plan form can be picked up in the office. If the form is completed and returned two weeks prior to your summer vacation, you are eligible for a one-week 50% tuition discount. See the bookkeeper for more details.

Parent Signature	Date	Received	Check #	Amount
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