

MESSIAH LUTHERAN CHILD CARE
1605 VERNON AVE. PARK RIDGE, ILLINOIS 60068
WEB SITE www.messiahchildcare.com
Phone # 847-825-3767
Church # 847-823-6984
Fax # 847-823-6996

DAY CAMP REGISTRATION – SUMMER 2012 June 11th – August 9th

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

DAY CAMP (COMPLETED KINDERGARTEN TO 9 YEARS OLD)

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

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

******Summer Program: Monday, June 11th-Thursday, August 9th******

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 10th thru Friday, August 17th 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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