



St. John Lutheran School

2580 Mt. Rose Avenue
York, PA 17402
717-755-4779

Child's Name _____ Age: _____
Grade entering _____

Use separate form for each child

Address _____ Phone: _____

TIMES OF ATTENDANCE:

Full Day All Week \$100.00
Weeks attending _____

Full Day Per Day \$ 22.00
Days attending; Monday Tuesday Wednesday Thursday Friday
Weeks attending _____

Half Day All Week \$ 75.00
_____ Arrival Time _____ Departure Time
Weeks attending _____

Half Day Per Day \$ 15.00
Days attending; Monday Tuesday Wednesday Thursday Friday
Weeks attending _____

Usual Time of Arrival _____ Usual Time of Departure _____

Tutoring: Available for an additional charge of \$20.00 per hour.

I desire tutoring for my child in _____

I understand that ***fees are due the first day of the week*** that my child will be attending the program. There will be an ***additional fee of \$5.00 for every fifteen minutes*** my child remains after 5:30 pm. **Emergency Contact Forms and Health Forms are due June 14, 2010.**

Summer Enrichment Program

PARENT SIGNATURE _____ DATE _____

DIRECTOR SIGNATURE _____