

St. John's Lutheran School

Summer Camp Fees 2023



One time **Registration Fee of \$55.00 per child** (non-refundable).
Registration fee is due with enrollment form.

Basic Camp Hours: **8:00 a.m. to 3:30 p.m.**
Before Camp Hours: **7:00 a.m. to 8:00 a.m.**
After Camp Hours: **3:30 p.m. to 5:30 p.m.**

Weekly Tuition:

Days per Week		Basic Fee 8:00 – 3:30	Before Camp 7:00 – 8:00	After Camp 3:30 – 5:30
2	1st Child	\$71.00	\$12.00	\$24.00
2	2 nd /3 rd Child	\$64.00	\$12.00	\$24.00

Days per Week		Basic Fee 8:00 – 3:30	Before Camp 7:00 – 8:00	After Camp 3:30 – 5:30
3	1st Child	\$107.00	\$18.00	\$36.00
3	2 nd /3 rd Child	\$95.00	\$18.00	\$36.00

Days per Week		Basic Fee 8:00 – 3:30	Before Camp 7:00 – 8:00	After Camp 3:30 – 5:30
4	1st Child	\$142.00	\$24.00	\$48.00
4	2 nd /3 rd Child	\$127.00	\$24.00	\$48.00

Days per Week		Basic Fee 8:00 – 3:30	Before Camp 7:00 – 8:00	After Camp 3:30 – 5:30
5	1st Child	\$178.00	\$30.00	\$60.00
5	2 nd /3 rd Child	\$160.00	\$30.00	\$60.00

- A late fee of \$1.00 per minute will be applied after 5:30 p.m.

Important notes

- Payment can be made with cash, check, and credit card. Checks payable to St. John's Lutheran School.
- Weekly fees are due **in advance**. Payment must be made to the school office no later than **the Friday prior** to each week the child attends. Payments can be placed in the black mailbox behind the front desk at any time.
- Fees are due each week **for days reserved**, not days attended. When a child does not attend on a reserved day (including sick days), the fee will not be refunded.
- **A different number of days may be reserved each week. Staff schedules are made on Monday's one week prior to camp. If changes are needed, the Director needs to be notified by Friday, one full week prior to enrollment. For example, if you are scheduled to attend 3 days the week of June 13th, and you want to add two more days, the Director would need to be contacted by June 3rd. Same procedure is in place for removing days. Please request changes in an email, so that we have a written record.**

Questions? Please contact Brenda Dean bdean@sjlarnold.org or the school office at 636-464-7303 or school@sjlarnold.org.

Summer Camp Program 2023

Enrollment Form



Child's Information

Name of child _____ D.O.B. _____

Name child prefers to be called _____ Grade in 2023-2024 _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email _____

Child's T-Shirt size: XS (4-6) S (6-8) M (10-12) L(14-16)

Parent(s) and/or Guardian(s) and/or Custodian(s)

Please list in the order you like us to contact in case of emergency.

1. _____
Name Relationship to child

Address Home Phone Cell Phone

Employer Work Phone

E-Mail Address

2. _____
Name Relationship to child

Address Home Phone Cell Phone

Employer Work Phone

E-Mail Address

3. _____
Name Relationship to child

Address Home Phone Cell Phone

Employer Work Phone

E-Mail Address

Child's Name _____

Family Physician Information_____
Physician's Name_____
Phone

If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital. I further release the Summer Camp Program from any claim arising out of the doctor's actions. All medical expenses shall be the parent's responsibility.

Parent/Guardian Signature_____
Date**Allergic Reactions**

Foods: _____

Medications: _____

Other: _____

Other medical concerns: _____

PARENTS AND DOCTORS MUST FILL OUT A MEDICATION REQUEST FORM IF MEDICATION IS TO BE DISPENSED AT SUMMER CAMP.

Reservation Schedule Please circle all the dates for your child's attendance and **X** inside the () for the extended care needed for each week. You may request schedule adjustments at least one week in advance by emailing the school office or camp director.

*Students may attend 2, 3, 4 or 5 days per week.

						Before Care	After Care
Week 1	6/5 - 6/9	M	T	W	Th	F	() ()
Week 2	6/12 - 6/16	M	T	W	Th	F	() ()
Week 3	6/19 - 6/23	M	T	W	Th	F	() ()
Week 4	6/26 - 6/30	M	T	W	Th	F	() ()
Week 5	7/3 - 7/7	No Camp Offered					
Week 6	7/10 - 7/14	M	T	W	Th	F	() ()
Week 7	7/17 - 7/21	M	T	W	Th	F	() ()
Week 8	7/24 - 7/28	M	T	W	Th	F	() ()
Week 9	7/31 - 8/4	M	T	W	Th	F	() ()

Registration payment due at time of enrollment

Summer Camp Program 2023

ENROLLMENT AGREEMENT

I hereby enroll my child(ren) _____ for the St. John's Summer Camp Program for 2023, and I have read and understand the following:

1. I understand that I am responsible for payment of weekly fees that are due on or before **the Friday prior to each week** for which I've reserved days. I will give 7 days' notice in writing prior to withdrawal from the program during which time I will be responsible for payment of fees.
2. I understand that children are expected to behave in accordance with Christian standards and expectations.
3. I understand that in the event of any absences during program hours, I will be responsible for fees for time reserved, not actual time in attendance.
4. I will update my child's file information promptly.
5. **I understand that I must notify the camp director or school secretary by email if I need to change my scheduled days. A different number of days may be reserved each week. Staff schedules are made on Monday's one week prior to camp. If changes are needed, the Director or secretary need to be notified by Friday, one full week prior to enrollment. For example, if you are scheduled to attend 3 days the week of June 14th, and you want to add two more days, we would need to be contacted by June 4th. Please request changes in an email, so that we have a written record.**
6. The program staff will assume full responsibility for my child from the time she/he is signed in with the camp staff until my child leaves the program according to the written instructions for departure.
7. I understand that once a child has been signed out of the Summer Camp program, she/he is signed out for the day. The person signing him/her out assumes all responsibility for that child.
8. I understand that if a medical emergency arises, the program staff will first attempt to contact the people in the order listed on the enrollment form. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.
9. I agree to adhere to the stated policies and procedures of the St. John's Lutheran Summer Camp Program as stated here and give my child permission to participate fully in this program.

Guardian / Custodian

Date

