# The Lutheran Church of St. Andrew Preschool

15300 New Hampshire Avenue, Silver Spring, MD 20905 301-384-2660

**SUMMER CAMP REGISTRATION 2010**

Child's Name:_____
(last) (first) (middle)

Date of Birth: _____ Name Child is called:_____ Male ___ Female___

Address:_____

Apt #_____City_____ Zip code _____

Home Phone number _____ Mom Cell_____Dad Cell_____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone:_____

E-mail address_____ _____

Emergency Contact:_____

Please Mark (X) the week(s) you are registering for

| | | | | |
|---|---|---|---|---|
| | **Week 1** | **Tuesday, June 1– Friday, June 4 9:15 a.m.– 12:30 p.m.** | **Choose Any One Week** | **$120** |
| | **Week 2** | **Monday, June 7– Friday, June 11 9:15 a.m.– Noon** | **Choose Any Two Weeks** | **$230** |
| | **Week 3** | **Monday, June 14-- Friday, June 18 9:15am- Noon** | **Choose All Three Weeks** | **$330** |

Please list any allergies or special circumstances:_____

_____

_____

What language do you speak at home?_____

Who is allowed to pick up your child?_____

_____

Payment is due with registration. Due to limited spaces, refunds will only be given if your reserved space is filled by another student.

Signature:_____Date:_____

Office use only: Date_____ Check #_____ Registration Fee_____