

St. Louis Early Learning Center Summertime Adventure 2008 Registration

Registration Fee \$50/family (non-refundable)

Deadline May 14, 2008

CAMP	TIMES	RATE	CODE
Half Day (only available for 3-5 year old students, not school age students)	8:30-am – 11:30am	\$80	HD
Camp Day	8:30am – 3:15pm	\$130	CD
Full Day	7:00am – 6:00pm	\$155	FD

Child's Name _____ Birth Date _____ Gender: M/F

Guardian/Mother's Name: _____ City/Zip: _____

Address: _____ City/Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Guardian/Father's Name: _____ City/Zip: _____

Address: _____ City/Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

WEEKLY THEME/DATE	M	T	W	Th	F	CODE
The Great Outdoors Experience June 2-6						
The Great Outdoors Experience June 9-13						
2000 leagues Under the Sea June 16-20						
2000 leagues Under the Sea June 23-27						
The Bug Club June 30- July 3						
2008 Power Lab (Vacation Bible School) July 7-11						
Destination Space July 14-18						
Destination Space July 21-25						
Colonial America July 28 – August 1						
Colonial America August 4-8						
Millennium Mystery Madness August 11-15						
A Day at the Movies (Monday only) *This is for school-age students only						Rate: \$26 CD / \$31 FD
Adventures in the Rainforest ** This is for preschool students only						August 18-22
Adventures in the Rainforest ** This is for preschool students only						August 25-29

Please indicate all days your child will be attending using the appropriate coding. Half Day HD; Camp Day CD; or, Full Day FD.

PLEASE READ AND INITIAL THE FOLLOWING:

_____ Tuition rates are per child/per week. For "full year extended day preschool" students, ongoing monthly rates apply.

_____ Hot Lunch will NOT be available during this time. Please bring a sack lunch for your child that does not require heating. Snacks will be provided. Please No peanut butter.

_____ Cancellation Policy: 7 days WRITTEN notice requires for all additional/cancellations to your child's schedule.

Guardian/Parent Signature: _____ Date: _____

Office Use Only

#Weeks _____ Cost _____ Adjustments _____ Reg Paid _____ Check# _____ Initials _____