

Good Shepherd Lutheran Church and School

99 CENTRAL PARK ROAD, PLAINVIEW, NEW YORK 11803 (516) 349.1966



APPLICATION FOR **SPLASH** SUMMER PROGRAM ENROLLMENT

Science activities, playtime/recreation and sports,
learning games and skills, arts & crafts projects,
storytelling and music, and happy campers !!

TODDLER SUMMER PROGRAM (18 months to 36 months)

NURSERY SUMMER PROGRAM (36 months to 48 months)

- HALF day** 9:00AM – 12:00PM
(3,4 or 5 days a week) M, T, W, TH, F
SESSION 1 (4 weeks : June 26 thru July 21) _____
SESSION 1+ (6 weeks : June 26 thru August 4) _____
SESSION 2 (4 weeks : July 24 thru August 18) _____
SESSION 2+ (6 weeks : July 10 thru August 18) _____
FULL SUMMER (8 weeks : June 26th thru August 18) _____
- FULL day** 9:00AM – 3:00PM
(3,4 or 5 days a week) M, T, W, TH, F
SESSION 1 (4 weeks : June 26 thru July 21) _____
SESSION 1+ (6 weeks : June 26 thru August 4) _____
SESSION 2 (4 weeks : July 24 thru August 18) _____
SESSION 2+ (6 weeks : July 10 thru August 18) _____
FULL SUMMER (8 weeks : June 26th thru August 18) _____

PRE-K thru GRADE 4 SUMMER PROGRAM

Please indicate the grade your child be entering in Sept. _____

- FULL day** 9:00AM – 3:00PM
(3,4 or 5 days a week) M, T, W, TH, F
SESSION 1 (4 weeks : June 26 thru July 21) _____
SESSION 1+ (6 weeks : June 26 thru August 4) _____
SESSION 2 (4 weeks : July 24 thru August 18) _____
SESSION 2+ (6 weeks : July 10 thru August 18) _____
FULL SUMMER (8 weeks : June 26th thru August 18) _____

PLEASE NOTE:

- Tuition is payable in two installments: 1st payment due upon enrollment and 2nd payment due on June 1st.
- Any registration after June 1st requires FULL tuition payment immediately upon registration.
- **SPLASH program tuition is non-refundable after June 1st.**
- Requests for tuition refunds (prior to June 1st) in the event of an emergency withdrawal from the program must be made in writing and must be received by the school no later than one week prior to withdrawal. No exceptions.
- No refunds will be granted for school closings, vacations or illness.
- 10% sibling discount applied to families who enroll two siblings.
- 10% church member discount applied to communing members of Good Shepherd Lutheran Church who are in good standing.
- 5% essential worker discount to police, fire, medical and teaching personnel.
- Only one discount per student, if any are applicable, will be applied to the tuition due.

FAMILY INFORMATION (Please print)

Child's name _____ Date of Birth _____ Gender _____
Last First Middle Initial

Address _____
City State Zip

Preferred Email _____

Home Telephone _____

Mother's name _____

Father's name _____

Mother's cell number _____

Father's cell number _____

CHILD'S MEDICAL CONDITIONS:

Does your child have any allergies ? YES _____ NO _____

If yes, my child is allergic to : _____

If yes, my child requires an Epi-pen auto injector: YES _____ NO _____

PARENTAL PERMISSIONS

RELEASE OF CHILD INFORMATION PERMISSION:

_____ I DO give permission for my child's name, address, phone number, etc. to be included on the class list.

This list is provided only to the families in the class to share contact information for play dates, birthday parties, class parties, etc.

_____ I DO NOT give permission for my child's name, address, phone number, etc. to be included on the class list.

PHOTO PUBLICITY PERMISSION:

_____ I DO give permission for my child's picture to appear in brochures, publications, websites, etc. Childrens' names are NOT published along with pictures nor are they ever publicized. School events are photographed for marketing and publicity purposes.

_____ I DO NOT give permission for my child's picture to appear in brochures, publications, websites, etc..

FACEBOOK PAGE PERMISSION:

_____ I DO give permission for my child to appear on the PRIVATE Facebook classroom page. The private invitation can be sent to the email address associated with my Facebook page: _____

We use PRIVATE classroom pages on Facebook to post pictures of your child's day and activities. Only parents of students in your child's class will be able to view this page. This is NOT a public page.

_____ I DO NOT give permission for my child to appear on the PRIVATE Facebook classroom page.

SUNSCREEN PERMISSION:

_____ I DO request that my child's teacher apply sunscreen to my child throughout the day. I understand that I must provide the sunscreen to the school in a Ziploc bag that is labeled with my child's first and last name.

_____ I DO NOT wish to have my child's teacher apply sunscreen to my child throughout the day.

Parent or guardian's signature: _____ Date: _____