

SonLight Learning Center

Summer Enrichment Ministry Enrollment Contract

Parent's Name _____ Date _____

Address _____

Home Phone _____ Business Phone _____ Cell: _____ Email: _____

Person to Notify In Case of Emergency _____

Tel. _____ Tel. _____

PLEASE CHECK ONE OF THE FOLLOWING

____ I hereby enroll the following child/ren in the SonLight Learning Center Summer Enrichment Program(June-August)

1. Name _____ Age _____ M or F Date of Birth _____
School _____ Grade in the fall _____
2. Name _____ Age _____ M or F Date of Birth _____
School _____ Grade in the fall _____
3. Name _____ Age _____ M or F Date of Birth _____
School _____ Grade in the fall _____

MEDICAL INFORMATION

(Please submit a copy of child's medical information)

Please list any allergies or pertinent medical information that we need to know about. If your child is on medication, please give schedule of administering and name of medication.

Allergies _____ Other _____

Medication(s) _____ To be taken _____

Doctor's Name _____ Tel: _____

Please indicate whether child can be given Aspirin or Children's Tylenol: _____

I give my consent for the administration of this program to administer any medical care as described above. In case of accident, injury, or medical emergency, permission is granted for my child to be given reasonable first aid and to be taken to the nearest medical facility for treatment.

Signature _____ Date _____

Medical Information Received: _____ By: _____

Date

I have read the conditions of this enrollment contract and I hereby enroll my child(ren) according to the following terms:

In the event of accident or injury, parents and /or the person to be contacted for emergencies will be notified immediately.

I agree to pay the non-refundable registration fee of \$25.00 per child at the time of enrollment.

I agree to pay the designated tuition fee per week for the Summer Enrichment Program. Fees are due regardless of the number of days the student attends the program.

I understand that my child/ren will neither be allowed to attend the program or participate in any scheduled activities if program fees and activity fees have not been paid.

Tuition is due on Monday. A charge of \$25.00 will be assessed for late payments.

The hours for the Summer Enrichment Program will be 7:00 AM - 6:00PM, Monday - Friday. **The Summer Enrichment Program will closed July 4, 2011.**

A charge of \$5.00 per fifteen minutes will be assessed for late pick-ups. Late fees begin at 6:01 PM.

A charge of \$25.00 will assessed for returned checks. Personal checks will not be accepts after three(3) returned checks. The SEM accepts Master Card, Visa.

A Parent Information Handbook, SEM Guidelines and Van Guidelines will be issued and reviewed at the SEM Orientation Meeting.

A SEM T-shirt is required and must be worn at all designated field trips.

SUMMER ENRICHMENT MINISTRY

Cost: Registration \$25.00

Tuition: \$100.00 per week w/o lunch; \$120.00 per week with lunch

Activity Fee: \$45.00(swim fee only!) Additional fees per event.

T-Shirt: \$20.00

Early Bird Special: Save \$100.00 (Tuition paid in full by June 3, 2011)

_____ I agree to pay the registration fee of \$25.00.

_____ I agree to pay the fee of \$100.00 per week for the SEM, without Lunch.

_____ I agree to pay the fee of \$120.00 per week for the SEM, with Lunch.

_____ I agree to pay \$45.00 (Swim Fee)

Signature_____ Date_____

Signature_____ Date_____

For Office Use Only:

Registration Fee Paid:_____ Date:_____

Beginning Date:_____ Received by:_____