

Faith Lutheran School Preschool - 6th Grade 2024 Summer Program Application

1820 S Baltimore Kirksville, Missouri 63501 (660) 665-8166 faithlutherankids@gmail.com http://www.faithlutheranschoolkv.org

Dear Parents,

Spring is here and it is time to begin thinking about summer plans for your children. The following information about our summer program at Faith Lutheran School is to help your decision-making.

This summer program is designed for preschool students and students entering kindergarten in August. We are excited to offer a hands-on curriculum that will allow young children to create, problem-solve and make decisions while reinforcing basic social skills.

The summer program will begin on Tuesday May 28th, and will end on Friday, August 9th. The upstairs area will open for childcare at 6:30 a.m. The downstairs school area will open at 7:00 a.m. each morning and both will close at 5:30 each evening.

The summer program offers both a 3-day a week option and a 5-day a week option.

For preschool through incoming kindergarteners the cost of the 3-day program will be \$315 for June, \$315 for July, and \$165 for August. The cost for the 5-day program will be \$475 for June, \$475 for July, and \$235 for August.

For students going into 1st through 6th grades the cost of the 3-day program will be \$325 for June, \$305 for July, and \$150 for August. The cost for the 5-day program will be \$425 for June, \$380 for July, and \$190 for August.

Childcare is available May 23rd & 24th for \$30 a day for FLS students, and \$35 a day for non FLS students. There will be no summer program or child care on July 4, the week of Augusts 12-16, and August 19.

Monthly tuition for the summer program is due on the 1st of the month.

Enrollment is on a first-come, first-serve basis.

Our staff is looking forward to seeing your child this summer. If you have any questions, please feel free to call the school at 660-665-8166.

May God bless you and your family.

Faith Lutheran School Summer Program Application

Student's Information			
Student Name			
Student Age			
Student Gender			
Birthdate			
Address			
Grade Entering			
Which Program	3 Day Preschool-K	3 Day 1st-6th	Please list days
vviiicii i rograiii	5 Day Preschool-K	5 Day 1 st -6 th	
Father's Information			
Name			
Cell Phone			
Email			
Work Phone			
Employer			
Address if Different			
Marital Status	Married	Single	Divorced
That tall status		Information	2.10.000
Name			
Cell Phone			
Email			
Work Phone			
Employer			
Address if			
Different			
Marital Status			
	List names and ages fo	r other children	in family
16.11		1	11: 1 2 16 1:00
If there has been a separation or divorce, with whom is the child living? If different than a parent, please provide name, relationship, address, phone and email.			

In order to help us better understand your child, please list any disabilities or handicaps you might have. All information is held in strictest confidence.	ur child
We have read and fully understand the policies and procedures and we agree to the terms. It pledge our full support of the Christian education program provided for our child/children in summer program at Faith Lutheran School and accept our financial responsibility through turn payments to the school.	the
Parent/Guardian Signature Date	

HEALTH INFORMATION & EMERGENCY CONTACT INFORMATION

Student's Information				
Student Name				
Student Age				
Student Gender				
In the case my child becomes ill or injured at school, please call				
Name				
Cell Phone				
Relationship				
Second Emergency Contact				
Name				
Cell Phone				
Relationship				
	Third Emergency Contact			
Name				
Cell Phone				
Relationship				
If none of the listed contacts can be reached, please call the student's doctor				
Name				
Phone				
Or transport the student to a location for emergency treatment				
Hospital Name				
Other				
I understand that I am responsible for any expenses incurred in emergency treatment.				
Guardian Signature				
Date				

Please list any food allergies the student has			
HEALTH ALERT- IMPORTANT!			
If you child has an unusual health hazard, such as easy bleeding or serious allergy to a drug or physical limitation, please describe the situation below.			
	Please list any person authorized to pick up the student		
Name			

PHOTO RELEASE

Throughout the year, photos may be taken of classes and individual students in the classroom, on field trips, and at various school-related activities by school staff or local media. These photos may be used for promotional purposes, including in the local newspaper, on our school website, and on the school Facebook page.		
Student's Name		
Grade		
	I give permission for my child's photo to be used to promote the school	
	I request that my child's photo not be used to promote the school	
Guardian		
Signature		
Date		