

Faith Lutheran Church

Parents' Day Out

1 Day a week = \$65 per month
2 Days a week = \$85 per month

Choose

- Monday 9-12:30
 Wednesday 9-12:30

9222 N. Garnett Road—Owasso, OK 74055
Director 2017, Kathy Vanderpool, 918-694-4288

Before your child is considered "enrolled", this form and the \$45.00 non-refundable enrollment fee must be received by the director for each child you are enrolling.

last first middle
Child's Full Name _____
Name child goes by _____
Date of birth _____ Sex: M or F Enrollment date _____
Home address _____ City _____ Zip _____
Home phone _____ Cellular/Pager number _____
Mother's Name _____ Work number _____
Father's name _____ Work number _____
Email _____

Brothers and Sisters (name your child calls them):

_____ age _____ _____ age _____
_____ age _____ _____ age _____

Local person who would assume responsibility for your child in an emergency if we were unable to contact the parents:

Name _____ Phone _____
Address _____ Relationship to child _____

What about the following?

Sleep and napping habits: _____

Eating habits/difficulties: _____

Allergies to foods/drinks: _____

Fears _____

Behavior habits (biting, finger sucking, etc.) _____

Favorite activities, games or toys _____

Please note anything you feel would be of help to us in caring for and teaching your child

Referred by: _____

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Financial Agreement

I understand that a late charge of \$10 will be added to my child's tuition account if full payment is not received by the 15th of the month, and if not received by the first day of the next month, my child will not be admitted to class.

I understand that if my child attends class for any part of a month I will be responsible for a full month's tuition.

I understand I will be responsible for 1/2 of the months tuition if my child is absent for the month.

I understand that a \$20 fee will be charged for any returned checks. All future payments will be accepted in CASH only.

School sessions will be dismissed at the appointed time. A fee of \$1 per minute after 15 minutes will be assessed.

Signature of person responsible for tuition

Date