

2024 ECEC "SUMMER CAMP" ENROLLMENT APPLICATION

Zion Lutheran Church Early Childhood Education Center

June 10 to August 2, 2024

For ages 2 ½ thru 6

9:00 AM til 12:00 PM or 9:00 AM til 2:00 PM

Child's Full Name	Name child goes by	Gender	Birth Date
		M/F	

Please Check Your Child's June 1, 2024 Age: ☐ 2 1/2 yrs ☐ 3 yrs ☐ 4 yrs ☐ 5 yrs ☐ 6 yrs
(Our Summer Camp program provides both mixed-age and age-appropriate activities)

Session:	June 10 – 14		June 17 - 21		June 24 – June 28	
Day of Week	9 to 12	12 to 2	9 to 12	12 to 2	9 to 12	12 to 2
	<i>Teddy Bear Picnic</i>	<i>Munch a Lunch & A Bunch of Fun</i>	<i>Disney Adventure</i>	<i>Munch a Lunch & A Bunch of Fun</i>	<i>Watch Our Garden Grow</i>	<i>Munch a Lunch & A Bunch of Fun</i>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No. of boxes checked:

☐
☐
☐
☐
☐
☐

X Daily Fee:

x \$44.00

x \$32.00

x \$44.00

x \$32.00

x \$44.00

x \$32.00

Total Fees:

☐

+

☐

+

☐

+

☐

+

☐

+

☐

=

☐

All lunches are provided.

Two days per week minimum. For a family with multiple children enrolled, the sibling with the highest program fees receives a 10% discount.

Members of Zion Lutheran Church receive a 10% family discount.

Program Fees are due at registration. Refunds are available with 2-weeks' notice.

Parent Signature	Date

☐

Registration

☐

Class list

☐

Allergy

☐

Kitchen

☐

Payment

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Child's Full Name	Name child goes by	Gender	Birth Date
		M/F	

Please Check Your Child's June 1, 2022 Age: ☐ 2 1/2 yrs ☐ 3 yrs ☐ 4 yrs ☐ 5 yrs ☐ 6 yrs
(Our Summer Camp program provides both mixed-age and age-appropriate activities)

Session:	July 1 - 5		July 8-12		July 15 - 19		July 22 – July 26		July 29 – Aug 2	
Day of Week	9 to 12	12 to 2	9 to 12	12 to 2	9 to 12	12 to 2	9 to 12	12 to 2	9 to 12	12 to 2
	<i>Follow The Leader</i>	<i>Munch a Lunch & A Bunch of Fun</i>	<i>Splish Splash</i>	<i>Munch a Lunch & A Bunch of Fun</i>	<i>Weather All Around</i>	<i>Munch a Lunch & A Bunch of Fun</i>	<i>Christmas in July</i>	<i>Munch a Lunch & A Bunch of Fun</i>	<i>Olympic Fun</i>	<i>Munch a Lunch & A Bunch of Fun</i>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No. of boxes checked: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

X Daily Fee: x \$44.00 x \$32.00 x \$44.00 x \$32.00 x \$44.00 x \$32.00 x \$44.00 x \$32.00 x \$44.00 x \$32.00

Total Fees: ☐ + ☐ + ☐ + ☐ + ☐ + ☐ + ☐ + ☐ + ☐ + ☐ + ☐ = ☐

All lunches are provided.

Two days per week minimum. For a family with multiple children enrolled, the sibling with the highest program fees receives a 10% discount.

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Parent Signature	Date

Summer Camp Information Form

Parent's Name(s)
Address
City, Zip Code
Home Phone ()
E-mail address

Mother	Father
Occupation	Occupation
Business Address	Business Address
Work Hours	Work Hours
Work Phone	Work Phone
Cell Phone	Cell Phone
Marital Status	Marital Status
Church Affiliation	Church Affiliation

Brothers and/or Sisters	Birthday	In home with child? yes/no

EMERGENCY CONTACTS --Persons authorized to pick up your child.)

Name	Name
Address	Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Relationship	Relationship

Name	Name
Address	Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Relationship	Relationship

Additional emergency contacts authorized to pick up your child: *(Name, Address, and Phone Number required.)*

1. _____
2. _____
3. _____
4. _____

Doctor's Name	Dentist's Name
Address	Address
Phone	Phone
Child's Allergies	
My child is current with all State of IL vaccines YES <input type="radio"/> or NO <input type="radio"/>	

Medical Release: I agree that Zion staff may administer limited first aid to my child and may contact me, my child’s doctor or local emergency services, if required.

I authorize Zion Lutheran Early Childhood Education Center to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that “911” will be called to take my child to my preferred hospital _____if possible, or to the closest available facility.

Program Release: I understand that my child may be included in observation in a classroom setting and/or interaction with Concordia University students under the supervision of the Director of Early Childhood Education Center (ECEC). Information released to Concordia University is for educational and instructional purposes only.

I agree that photographs and videotapes of my child may be used for publicity of the Zion Lutheran Early Childhood Education Center and/or for teacher training purposes.

I also agree that my child may receive religious instruction at Zion Lutheran’s Early Childhood Education Center.

I agree that my child may be taken on neighborhood walks in conjunction with the educational programs of the ECEC. I understand that special notes will be sent home when off-campus trips are planned to notify parent or legal guardian of planned field trips in advance.

COVID: Zion Lutheran ECEC will abide by recommendations from the IL Department of Public Health, CDC and DCFS and other knowledgeable government agencies. What ever the circumstances, we remain committed to providing a safe, loving Christian environment and a quality early childhood education.

Children, parents and staff who have a fever of 100.4 or higher or other signs of illness should stay home. Parents must be on alert for signs of illness in their child and keep them home when they are sick. If the child does not have a temperature, but they appear sick (cough, runny nose, etc.) the ECEC has the right to deny the child’s attendance for that day.

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I pledge our support of the early childhood education program ministry provided by Zion Lutheran.
I also accept our financial responsibility and pledge to pay the fees and tuition set by Zion Lutheran.
I have read the foregoing Medical and Program Release statements and accept them as written.

Signature of Parent/Guardian	Date

For School Use Only	