**

*SHERMAN OAKS LUTHERAN CHILDREN’S CENTER REGISTRATION FORM*

# **CHILD’S NAME** **DATE OF BIRTH**: **M**\_\_\_**F**\_\_\_

Mom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone cell: work:

Dad: Phone cell: work:

### Address City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

### Mom’s E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad’s Email Address

### Where did you hear about SOLCC?

Please specify date you would like your child to begin attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Schedule requested: \_\_\_\_\_Half Day \_\_\_\_3/4 Day \_\_\_\_Full Day**

**\_\_\_\_Monday \_\_\_\_Tuesday \_\_\_\_Wednesday \_\_\_\_Thursday \_\_\_\_Friday**

**\*\*\*\*Three-day choice may not be consecutive days.**

**2024-2025 TUITION RATES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | FULL DAY7:00-6:00 | ¾ DAY7:00-3:30 | HALF DAY8:00-1:00 |
| 5 DAYS | $1450.00 | $1285.00 | $1050.00 |
| 4 DAYS | $1260.00 | $1135.00 | $930.00 |
| 3 DAYS | $1075.00 | $1000.00 | $795.00 |
| 2 DAYS | $850.00 | $795.00 | $635.00 |

The registration fee is $200.00 and must be paid in full with this registration form.

The registration fee is non-refundable.

# **For the summer session there is an additional $200.00 activity fee due when registering for Summer Camp.**

Receipt of this form does not guarantee a position for your child. Children are placed on a waiting list until a position is available. Upon notification of space availability, acceptance must be received within 5 days.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use: Fee paid $ Check # Date Rec’d by