



SHERMAN OAKS LUTHERAN CHILDREN'S CENTER

14847 Dickens Street, Sherman Oaks CA 91403 Phone: 818 784-9480

REGISTRATION FORM

CHILD'S NAME _____ DATE OF BIRTH: _____ M__F__

Mom: _____ Phone cell: _____ hm: _____
wk.: _____

Dad: _____ Phone cell: _____ hm: _____
wk.: _____

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.**

2022-2023 TUITION RATES

	FULL DAY 7:00-6:00	¾ DAY 7:00-3:30	HALF DAY 8:30-1:00
5 DAYS	1275.00	1135.00	950.00
4 DAYS	1105.00	995.00	850.00
3 DAYS	945.00	880.00	740.00
2 DAYS	750.00	700.00	595.00

LATE PICK-UP FEES: \$10.00 per half hour or any portion thereof up to 6:00 p.m.
After 6:00 p.m. late fees accrue at \$1.00 per minute.

The registration fee is \$200.00. \$100.00 must be paid with this registration form. The additional \$100.00 is due when placement is accepted. These payments are non-refundable.

When registering for Summer Camp, there is an additional activity fee due.

Receipt of this form does not guarantee a position for your child.
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 _____