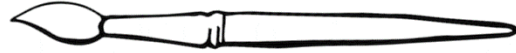


Camp Keiki: Early Childhood - Kindergarten



2024

Child's Name: (First) _____ (Last) _____ Gender: M ___ F ___

Date of birth ___ / ___ / _____ (requirement for admission: 2 years. 5 mos. of age by 6/1/24, and *potty-trained)

* (Fully potty-trained means: 1. The child knows when he or she has to use the bathroom and does not require any assistance in the bathroom; 2. The child is able to postpone going if they must wait.)*

Primary Email _____ Resides with both parents ___ Father ___ Mother ___ Shared Custody ___

Child's primary address _____ City _____ Zip: _____

Father's Name: _____ Home # _____ Cell # _____

Employer _____ Work # _____

Mother's Name: _____ Home # _____ Cell # _____

Employer _____ Work # _____

Are you a Church Member at Hephatha? Yes ___ No ___ If not, name of Congregation: _____

Has your child been baptized? Yes ___ No ___ If so, where? _____

Is your child currently attending another ECE program? *Yes ___ No ___ If so, where? _____

(If yes, the Confidential Recommendation Form must be completed and returned to Hephatha via fax, email or mail by your child's current program. The admissions process is not complete without receipt of this form.)

Please list siblings of the applicant: Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

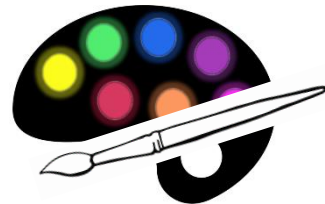
CHOOSE A PROGRAM BELOW

\$35 Per session registration fee is due upon registration.

New Students: Attach payment to this form | Current Families: Your existing FACTs account will be billed accordingly

Session 1, June 10th- 28th (payment due 6/3/24):

____ M-F, 7am-5pm, \$632 ____ M-F, 9am-3pm, \$555 ____ M-F, 9am-1pm, \$373
 ____ MWF, 7am-5pm, \$470 ____ MWF, 9am-3pm, \$384 ____ MWF, 9am-1pm, \$297
 ____ T/Th, 7am-5pm, \$365 ____ T/Th, 9am-3pm, \$293 ____ T/Th, 9am-1pm, \$230



_____ **Session 1 Total (\$35+Tuition for your program)**

Session 2, July 1st – July 19th (payment due 6/24/24):

____ M-F, 7am-5pm, \$632 ____ M-F, 9am-3pm, \$555 ____ M-F, 9am-1pm, \$373
 ____ MWF, 7am-5pm, \$470 ____ MWF, 9am-3pm, \$384 ____ MWF, 9am-1pm, \$297
 ____ T/Th, 7am-5pm, \$365 ____ T/Th, 9am-3pm, \$293 ____ T/Th, 9am-1pm, \$230

_____ **Session 2 Total (\$35 + Tuition for your program)**

Session 3, July 22nd - August 9th (payment due 7/15/23):

____ M-F, 7am-5pm, \$632 ____ M-F, 9am-3pm, \$555 ____ M-F, 9am-1pm, \$373
 ____ MWF, 7am-5pm, \$470 ____ MWF, 9am-3pm, \$384 ____ MWF, 9am-1pm, \$297
 ____ T/Th, 7am-5pm, \$365 ____ T/Th, 9am-3pm, \$293 ____ T/Th, 9am-1pm, \$230

_____ **Session 3 Total (\$35 + Tuition for your program)**

YOUR SUMMER TOTAL (all 3 Sessions): \$ _____



FINANCIAL COMMITMENT

I have completed this registration form to the best of my knowledge. All information given is correct. In submitting this registration form, I agree to abide by the rules and regulations of Hephatha Lutheran Church and School (including paying tuition and all fees on time).

Commit to your payment plan here:

_____ I am paying for all 3 sessions of my child's summer by 6/3/24

_____ I am paying by the due dates set for each session:

6/3/24, 6/24/24, and 7/15/24

There is a 2% discount if you are enrolled for all three sessions of summer and pay in full by 6/3/24. Registration is not included in this amount.

One month's written notice is needed for any program change. Summer programs fill quickly, so please return this registration form as soon as possible in order to be placed in the program that best-suits your schedule.

Registration and tuition are non-transferrable/non-refundable.

OFFICE USE ONLY: Date Registration Received: _____

Signature of Parent/Guardian: _____ Date _____