

## SJBC Weekday School 2018 Summer Program Enrollment Form

The WDS Summer Program is for children ages 6 months to 6 years. We are committed to providing a safe, fun and loving learning environment. Play time, science, walks to the park, arts & crafts, outdoor and water day play await our friends.

**Summer Program Information: A minimum enrollment of 5 weeks is required.** Choose any weeks to total five weeks.

- Payment Schedule: ½ payment is required at time of registration to reserve your child's space. No exceptions.
- A \$50 registration fee is due at time of registration.
- Second payment due: 1<sup>st</sup> day your child attends. **Sorry, no cancellation refund.**
- Two program sessions: 8:00 a.m.–2:15 p.m. or 8:30 a.m.–1:00 p.m. A late fee will be assessed after 2:16 or 1:01 p.m.
- Children bring their own lunch and a snack if enrolled in extended day.
- Any Questions & to confirm class availability contact Lydia, Director at [weekdayschool@sjcharlotte.org](mailto:weekdayschool@sjcharlotte.org) or 704-333-5428 ext. 39

### Summer Weeks, Class & Tuition Information

Check Weeks	Session I M-F 5 days & dates	Check Weeks	Session II M-TH 4 days & dates	Check Weeks	Session III T-W-TH 3 days & dates	Check Weeks	Session IV T & TH 2 days & dates
	June 4-8		June 4-7		June 5-7		June 5 & 7
<i>WDS closed for Vacation Bible School Week – See SJBC home page for information (ages 4 and up)</i>							
	June 18-22		June 18-21		June 19-21		June 19 & 21
	June 25-29		June 25-28		June 26-28		June 26 & 28
<i>WDS closed observance of 4<sup>th</sup> of July Holiday week</i>							
	July 9-13		July 9-12		July 10-12		July 10 & 12
	July 16-20		July 16-19		July 17-19		July 17 & 19
	July 23-27		July 23-26		July 24-26		July 24 & 26
	July 30-Aug. 3		July 30-Aug. 2		July 31 – Aug. 2		July 31 & Aug. 2

**Infants (6-18 mos.) Toddler's Class (18 – 24 mos) & 2's Class: Children must be Class Age by August 31<sup>st</sup>. Infants class space is limited!**

1. Child's Name: \_\_\_\_\_ 2. Child's Name: \_\_\_\_\_ 3. Child's Name: \_\_\_\_\_

Indicate Session for your child: \_\_\_\_\_ weeks \_\_\_\_\_ and check Program choice.

\_\_\_\_\_ Program Hours: 8:00 a.m. – 2:15 p.m.

Session I 5 days: 5 weeks: \$695 6 weeks: \$825 7 weeks: \$960

Session II 4 days: 5 weeks: \$625 6 weeks: \$745 7 weeks: \$870

Session III 3 days: 5 weeks: \$570 6 weeks: \$680 7 weeks: \$785

Session IV 2 days: 5 weeks: \$485 6 weeks: \$575 7 weeks: \$665

\_\_\_\_\_ Program Hours: 8:30 a.m. – 1:00 p.m.

Session I 5 days: 5 weeks: \$510 6 weeks: \$605 7 weeks: \$700

Session II 4 days: 5 weeks: \$460 6 weeks: \$545 7 weeks: \$630

Session III 3 days: 5 weeks: \$425 6 weeks: \$495 7 weeks: \$575

Session IV 2 days: 5 weeks: \$395 6 weeks: \$425 7 weeks: \$485

**3's or 4's Class: Children must be potty trained to enroll in 3's class.**

1. Child's Name: \_\_\_\_\_ 2. Child's Name: \_\_\_\_\_ 3. Child's Name: \_\_\_\_\_

Indicate Session for your child: \_\_\_\_\_ weeks \_\_\_\_\_ and check Program choice.

\_\_\_\_\_ Program Hours: 8:00 a.m. – 2:15 p.m.

Session I 5 days: 5 weeks: \$615 6 weeks: \$735 7 weeks: \$850

Session II 4 days: 5 weeks: \$560 6 weeks: \$670 7 weeks: \$775

Session III 3 days: 5 weeks: \$525 6 weeks: \$620 7 weeks: \$720

Session IV 2 days: 5 weeks: \$450 6 weeks: \$535 7 weeks: \$620

\_\_\_\_\_ Program Hours: 8:30 a.m. – 1:00 p.m.

Session I 5 days: 5 weeks: \$455 6 weeks: \$535 7 weeks: \$620

Session II 4 days: 5 weeks: \$415 6 weeks: \$490 7 weeks: \$565

Session III 3 days: 5 weeks: \$385 6 weeks: \$455 7 weeks: \$530

Session IV 2 days: 5 weeks: \$335 6 weeks: \$395 7 weeks: \$495

**Transitional Kindergarten Class: Children 5 & 6 years old. Note: Session I, II & III are only offered for this class.**

1. Child's Name: \_\_\_\_\_ 2. Child's Name: \_\_\_\_\_ 3. Child's Name: \_\_\_\_\_

Indicate Session for your child: \_\_\_\_\_ weeks \_\_\_\_\_ and check Program choice.

\_\_\_\_\_ Program Hours: 8:00 a.m. – 2:15 p.m.

Session I 5 days: 5 weeks: \$625 6 weeks: \$750 7 weeks: \$865

Session II 4 days: 5 weeks: \$595 6 weeks: \$705 7 weeks: \$815

Session III 3 days: 5 weeks: \$545 6 weeks: \$645 7 weeks: \$745

\_\_\_\_\_ Program Hours: 8:30 a.m. – 1:00 p.m.

Session I 5 days: 5 weeks: \$465 6 weeks: \$550 7 weeks: \$635

Session II 4 days: 5 weeks: \$435 6 weeks: \$515 7 weeks: \$595

Session III 3 days: 5 weeks: \$400 6 weeks: \$475 7 weeks: \$555

**Tell your friends!**  
**(see back or next page for registration)**

**WDS Summer Enrollment Form****Complete and return the following to the WDS to guarantee enrollment:**\_\_ Enrollment Form *(complete front, below & sign)*

\_\_ ½ tuition payment to reserve your child's space

\_\_ \$50 Summer Registration Fee *Checks must be payable to: SJBC WDS and memo child's name, ½ payment & reg. fee.***Child Information Sheet**

1. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address w/ zip code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Best Cell/home phone to be contacted: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Best Cell/home phone to be contacted: \_\_\_\_\_

Email: \_\_\_\_\_

If we, the parents/guardians cannot be reached, the SJBC WDS has permission to contact the following individuals:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ phone: \_\_\_\_\_

Name of Health Care Professional: \_\_\_\_\_ Office phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Any allergies (food, medicine, etc.) or other medical conditions which WDS staff and/or physicians should be aware in an event of an allergic reaction or emergency. \_\_\_\_\_

I, as a parent/guardian authorize SJBC WDS to call 911 to obtain medical attention for my child in an emergency

**Parent/Guardian's Signature:** \_\_\_\_\_**Buckling Responsibility** *Please sign below*

We do understand we and/or the persons designated (see names below) to pick up \_\_\_\_\_ are responsible to ensure that the child(ren) is/are properly buckled into their car seat. St. John's Baptist Church, Weekday School, and it's staff are therefore released from any liability relating to the child's seat belt.

**Pick Up Authorization** *Please sign below*

The following individuals have my permission/authorization to pick up my child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

My regular carpool arrangement is: \_\_\_\_\_

I understand that my child will not be released to anyone whose name does not appear above. Emergency exceptions may be made as needed by notifying the school in writing or by phone. Anyone picking up my child will be asked for ID.

**Activities Planned Outside the Area of Facility** *Please sign below*

I do \_\_\_ or I do not \_\_\_ give permission for my child to participate in activities planned outside the fenced in area of the school. (Neighborhood walks, park visits and bye-bye buggy rides)

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Weekday school use:**

Date: \_\_\_\_\_ Amount paid: ½ payment due: \_\_\_\_\_ Check No. \_\_\_\_\_ Reg. Fee: \_\_\_\_\_ \$50.00 Registration Fee

**WDS Note:** A Registration fee of \$50.00 due for Families **Not** Enrolled in current school year.

Amount due/balance: \_\_\_\_\_ Date: \_\_\_\_\_ All forms received: \_\_\_\_\_ Yes \_\_\_\_\_ No

**2018 Summer Session**

**Parents/Guardians please notify the school Director if there are any changes or updates required.**

**Parents/Guardians keep this portion for your calendar and record of payment paid and due.**

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	July 30-Aug. 3		July 30-Aug. 2		July 31 – Aug. 2		July 31 & Aug. 2

**Parent/Guardian's Payment Notes:**

Amount paid: ½ payment due: _____ Check No. _____ Date: _____ Registration Fee: _____
Amount due/balance: _____ Date: _____ Note: Payment Due on your child's First day of the summer session.

**Thank you!**

**Contact Information**

Lydia Olmsted, Director  
[weekdayschool@sjcharlotte.org](mailto:weekdayschool@sjcharlotte.org)  
 704-333-5428 ext. 39