

## SJBC WDS 2020 Summer Program Enrollment Form (for families not enrolled 2019-20)

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.–3:00 p.m. or 8:30 a.m.–1:00 p.m. A late fee will be assessed after 3:01 p.m. 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 @ [weekdayschool@sjcharlotte.org](mailto:weekdayschool@sjcharlotte.org) or 704-333-5428 ext. 39

### Summer Information & Tuition

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 1-5		June 1-4		June 2-4		June 2 & 4
	June 8-12		June 8-11		June 9-11		June 9 & 11
<b>June 15-19. WDS closed for Vacation Bible School Week. See SJBC website for information. Child must be 4 years by June 1<sup>st</sup>.</b>							
	June 22-26		June 22-25		June 23-25		June 23 & 25
	June 29-July 3		June 29-July 2		June 30 – July 2		June 30 & July 2
<b>July 6-10. WDS closed.</b>							
	July 13-17		July 13-16		July 14-16		July 14 & 16
	July 20-24		July 20-23		July 21-23		July 21 & 23

**Limited availability in infant and Toddler classes.**

**Nursery: Infants (6-18 mos.) Toddler's Class (18 – 24 mos) & 2's Class:** *Children (Infant – Pre-K classes) must be Class Age by August 31<sup>st</sup>.*

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

Check/Mark Program Hour choice. Indicate Session (I, II, III, or IV) for your child: \_\_\_\_\_ and weeks: \_\_\_\_\_.

**Program Hours: 8:00 a.m. – 3:00 p.m.**

Session I 5 days:	5 weeks: \$1,050	6 weeks: \$1,250
Session II 4 days:	5 weeks: \$920	6 weeks: \$1,100
Session III 3 days:	5 weeks: \$840	6 weeks: \$985
Session IV 2 days:	5 weeks: \$650	6 weeks: \$750

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

Session I 5 days:	5 weeks: \$650	6 weeks: \$750
Session II 4 days:	5 weeks: \$625	6 weeks: \$725
Session III 3 days:	5 weeks: \$525	6 weeks: \$625
Session IV 2 days:	5 weeks: \$450	6 weeks: \$550

**3's and Pre-K Classes:** *Child must be potty trained to enroll in 3's class. We do not have diaper changing accommodations in class.*

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

Check/Mark Program Hour choice. Indicate Session (I, II, III, or IV) for your child: \_\_\_\_\_ and weeks: \_\_\_\_\_.

**Program Hours: 8:00 a.m. – 3:00 p.m.**

Session I 5 days:	5 weeks: \$1,050	6 weeks: \$1,250
Session II 4 days:	5 weeks: \$920	6 weeks: \$1,100
Session III 3 days:	5 weeks: \$840	6 weeks: \$985
Session IV 2 days:	5 weeks: \$625	6 weeks: \$745

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

Session I 5 days:	5 weeks: \$650	6 weeks: \$750
Session II 4 days:	5 weeks: \$600	6 weeks: \$700
Session III 3 days:	5 weeks: \$525	6 weeks: \$625
Session IV 2 days:	5 weeks: \$450	6 weeks: \$540

**TK/Elementary Class: Children 5 years & up. Children must be 5 yrs. by 12/31/19. Designed for children in TK & elementary classes.**

**Note: Session I, II & III are only offered for this class.**

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

Check/Mark Program Hour choice. Indicate Session (I, II, III, or IV) for your child: \_\_\_\_\_ and weeks: \_\_\_\_\_.

**Program Hours: 8:00 a.m. – 3:00 p.m.**

Session I 5 days:	5 weeks: \$1,050	6 weeks: \$1,250
Session II 4 days:	5 weeks: \$920	6 weeks: \$1,100
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**Please complete and continue on page 2.  
Tell your friends!**

**WDS Summer Enrollment Form (for families who are not enrolled 2019-2020)****Complete and return the following to the WDS to guarantee enrollment:**

\_\_ Enrollment Form (complete front, below &amp; sign)

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

\_\_ \$50 Summer Registration Fee **Checks must be payable to: SJBC WDS. 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:** \_\_\_\_\_**Parents/Guardians please notify the school Director if there are any changes or updates required.****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

## 2020 Summer Session

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

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	July 20-24		July 20-23		July 21-23		July 21 & 23

### 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