



Lutheran Elementary School of Bay Ridge

FOUNDED IN 1957 BY BETHLEHEM LUTHERAN CHURCH

440 Ovington Avenue, Brooklyn, New York 11209 Telephone: 718-748-9502 Fax: 718-748-0818 www.lesbayridge.com

SUMMER PROGRAM 2020 REGISTRATION FORM

CHILD'S INFORMATION

Name: _____ Gender: Male Female
Last First

Address: _____
Street City State Zip

Current School: _____ Date of Birth: _____ Grade Completed (6/19): _____

Participant's Parents: Married Single Separated Divorced Partners

Parent A: Mr. Mrs. Ms. Dr. Other

Address: (if different from child) _____
Street City State Zip

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Parent B: Mr. Mrs. Ms. Dr. Other

Address: (if different from child) _____
Street City State Zip

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contacts (please list 2!)

Name Relationship to Camper Telephone

Name Relationship to Camper Telephone

Please continue on reverse side

FAMILY INFORMATION *(continued)*

FULL DAY (9:00 am - 4:00 pm) Weeks Attending (Please Check)

Full Seven Week Session (\$2,000)

June 29 – July 2 (\$200)

July 6 – 10 (\$300)

July 13 – 17 (\$300)

July 20 – 24 (\$300)

July 27 – 31 (\$300)

August 3 – 7 (\$300)

August 10 – 14 (\$300)

Individual Days (\$80). Please List _____

HALF DAY (9:00 am - 12:30 pm) Weeks Attending (Please Check)

Full Seven Week Session (\$1,250)

June 29 – July 2 (\$170)

July 6 – 10 (\$180)

July 13 – 17 (\$180)

July 20 – 24 (\$180)

July 27 – 31 (\$180)

August 3 – 7 (\$180)

August 10 – 14 (\$180)

Individual Days (\$55). Please List _____

***Early Arrival AND Extended Day** Weeks Attending (Please Check)

June 29 – July 2 (\$60)

July 6 – 10 (\$80)

July 13 – 17 (\$80)

July 20 – 24 (\$80)

July 27 – 31 (\$80)

August 3 – 7 (\$80)

August 10 – 14 (\$80)

Individual Days for **Early Arrival** (\$8). Please List _____

Individual Days for **Extended Day** (\$15). Please List _____

AGREEMENT

I certify that, to the best of my knowledge, the information I provided is accurate and complete. I will adhere to the policies and rules established by the school; that enrollment is considered without regard for religion, race, gender, color, sexual orientation, national or ethnic origin.

By signing this Registration and enrolling my child, I give Lutheran Elementary School Summer Program permission to use my child's photo / image (no names will be used) in print, electronic communications, and other materials. To withhold permission, please provide a signed and dated letter indicating your denial of permission.

Parent / Guardian's Signature

Date

With the understanding that all deposits include the \$40 Registration Fee and a one week fee are non-refundable, and should be handed in with your application

*All balances must be paid in full by Friday August 7th

For Office Use Only

Deposit Received	\$ _____	Ch# _____	/Cash _____	<input type="checkbox"/> Medical Form Received
Payment Received	\$ _____	Ch# _____	/Cash _____	
Payment Received	\$ _____	Ch# _____	/Cash _____	
Payment Received	\$ _____	Ch# _____	/Cash _____	