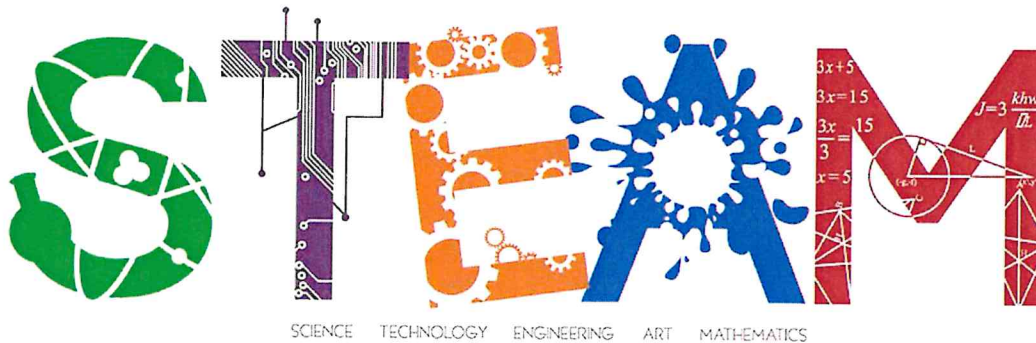


# Faith Lutheran School



*Summer Time Exploring Active Minds*

**For Students entering 1<sup>st</sup> – 6<sup>th</sup> Grades**

**2023**

*1820 S Baltimore  
Kirksville, Missouri 63501  
(660) 665-8166 fax: (660) 627-0101  
faithlutherankids@gmail.com  
<http://www.faithlutheranschoolky.org>*

Dear Parents,

Spring is here and it is time to begin thinking about summer plans for your children. The following information about our summer program at Faith Lutheran School is to help your decision making.

The summer program is designed for students who will be entering 1<sup>st</sup> through 6<sup>th</sup> grade in the fall. We are excited to offer a hands-on curriculum that will focus on **Science, Technology, Engineering, Arts and Math** in a way that will allow students to create, problem solve and make decisions while reinforcing individual academic and social skills.

The summer program will begin on Tuesday, May 30<sup>th</sup> and will end on Friday, August 11<sup>th</sup>. The upstairs area will open for childcare at 6:30 a.m. The downstairs school area will open at 7:00 a.m. each morning and both will close at 5:30 each evening.

The summer program offers both a 3-day a week option (Please specify what 3 days you will be using) and a 5-day a week option. The cost of the 3-day program will be \$285 for June, \$285 for July, and \$142.50 for August. The cost for the 5-day program will be \$360 for June, \$360 for July, and \$180 for August. For May 15<sup>th</sup> through May 26<sup>th</sup> it will be \$30 dollars a day for days used for FLS students and \$35 dollars a day for non- FLS students.

Monthly tuition for the 3-day and 5-day summer programs is due on the 1 <sup>st</sup> of each month.
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Your child can attend the summer program at Faith Lutheran by the month (see fees above) or by the week for \$135 a week.

An enrollment form is attached. Enrollment is on a first come, first serve basis.

Our staff is looking forward to seeing your child this summer. If you have any questions, please feel free to call the school at 660-665-8166.

May God bless you and your family!

# Discover Summer Elementary Application

Child's Name \_\_\_\_\_  
Last First Middle

☐ Male ☐ Female

Age as of 5/30/2021 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_

Circle the grade your child will be entering in the fall: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

**Select your summer program:**

\_\_\_ 3 days per week (Please specify what 3 days you will be using): \$285 for June, \$285 for July,  
\$142.50 for August

\_\_\_ 5 days per week: \$360 for June, \$360 for July, \$180 for August

**Mother** \_\_\_\_\_

Relationship to child

Occupation \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than pupil's) \_\_\_\_\_

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single

**Father** \_\_\_\_\_

Relationship to child

Occupation \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than pupil's) \_\_\_\_\_

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single

OTHER CHILDREN IN FAMILY (name and age)

If there has been a separation or divorce, with whom is child living?

If child is living with someone other than parents, please complete the following:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

***There will be no summer program or child care on July 4<sup>th</sup> and August 14<sup>th</sup> through 18<sup>th</sup> or the 21st.***

## Parent Authorization Form

In order to help us better understand your child, please list any disabilities or handicaps your child might have on the accompanying form. All information is held in strictest confidence. Parents are invited to volunteer their help in the classroom. If you wish to volunteer, please speak with your child's teacher.

We have read and fully understand the policies and procedures in this brochure and we agree to the terms. We pledge our full support of the Christian education program provided for our child/children in the summer program at Faith Lutheran School and accept our financial responsibility through tuition payments to the school.

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Parent/Guardian Signature

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Date

**EMERGENCY INFORMATION NEEDS TO ACCOMPANY APPLICATION**

## Come Join Us For



## A lot Of Summer Fun!

## HEALTH INFORMATION/EMERGENCY CONTACT INFORMATION

Child's name \_\_\_\_\_

In case my child becomes ill or injured at school please call:

1. \_\_\_\_\_  
(name) (Parent/Guardian) (phone #)
2. \_\_\_\_\_  
(name) (Parent/Guardian/Emergency Contact) (phone #)
3. \_\_\_\_\_  
(name) (Emergency Contact) (phone #)

If I cannot be contacted at the above numbers, please contact:

Family Doctor: \_\_\_\_\_  
*Name of Doctor* *Doctor's Phone Number*

Or transport to [ ☐ ] Northeast Regional Medical Center [ ☐ ] (other, please specify) \_\_\_\_\_  
for emergency treatment.

**I understand that I am responsible for any expenses incurred in emergency treatment.**

\_\_\_\_\_  
*Signature of Parent or Guardian*

**FOOD ALLERGIES:**

**HEALTH ALERT- IMPORTANT!** If you child has an unusual health hazard, such as easy bleeding or serious allergy to a drug or physical limitation, please describe the situation below.

.....  
Persons authorized to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_