

# Faith Lutheran Church

## Parents' Day Out

1 Day a week = \$65 per month  
2 Days a week = \$85 per month  
3 Days a week = \$105 per month

Choose  
☐ Monday 9-12  
☐ Tuesday 9-12  
☐ Wednesday 9-12

9222 N. Garnett Road—Owasso, OK 74055  
Director 2019-2020, Kathy Vanderpool, 918-694-4288

Before your child is considered "enrolled", this form and the \$45.00 non-refundable enrollment fee must be received by the director for each child you are enrolling.

last first middle  
Child's Full Name \_\_\_\_\_  
Name child goes by \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex: M or F Enrollment date \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cellular/Pager number \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work number \_\_\_\_\_  
Father's name \_\_\_\_\_ Work number \_\_\_\_\_  
Email \_\_\_\_\_  
Brothers and Sisters (name your child calls them):  
\_\_\_\_\_ age \_\_\_\_\_ \_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_ \_\_\_\_\_ age \_\_\_\_\_

Local person who would assume responsibility for your child in an emergency if we were unable to contact the parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

What about the following?

Sleep and napping habits: \_\_\_\_\_

Eating habits/difficulties: \_\_\_\_\_

Allergies to foods/drinks: \_\_\_\_\_

Fears \_\_\_\_\_

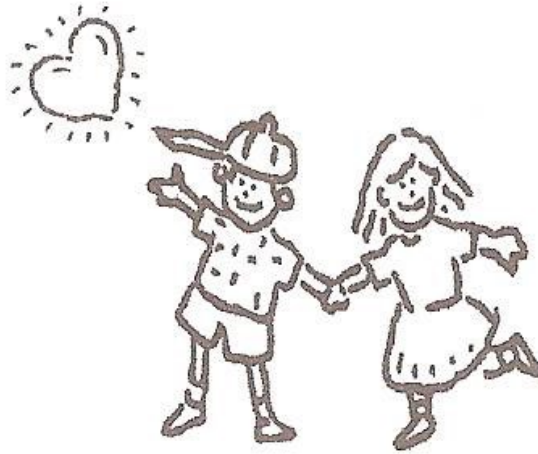
Behavior habits (biting, finger sucking, etc.) \_\_\_\_\_

Favorite activities, games or toys \_\_\_\_\_

Please note anything you feel would be of help to us in caring for and teaching your child

Referred by: \_\_\_\_\_

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## Financial Agreement

**I understand** that a late charge of \$10 will be added to my child's tuition account if full payment is not received by the 15th of the month, and if not received by the first day of the next month, my child will not be admitted to class.

**I understand** that if my child attends class for any part of a month I will be responsible for a full month's tuition.

**I understand** I will be responsible for 1/2 of the months tuition if my child is absent for the month.

**I understand** that a \$20 fee will be charged for any returned checks. All future payments will be accepted in CASH only.

School sessions will be dismissed at the appointed time. A fee of \$1 per minute after 15 minutes will be assessed.

Signature of person responsible for tuition

Date

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