

2018 – 2019 Registration Form
St. Paul's Lutheran Early Childhood Center
 Email: hb.stpauls@gmail.com
www.splecc.org

Child's Name _____ Date of Birth _____

Please mark the box next to the day and time of the program of your choice. Availability of classes is on a first come first serve basis.

4 years-5 years

Tuition per Week	AM Childcare 6:30-8:30	Preschool 8:30-3:30	PM Childcare 3:30-5:30
MWF	<input type="radio"/> \$13.00	<input type="radio"/> \$83.00	<input type="radio"/> \$13.00
M-F	<input type="radio"/> \$22.00	<input type="radio"/> \$138.00	<input type="radio"/> \$22.00

Tuition will be billed the Friday prior to services rendered.
A fee of \$25 for a ½ day and \$50 for a full day will be charged for children coming on their non-scheduled days.

Fees

\$150 Registration Fee (non-refundable) due at time of registration. A two week written notice is required for withdrawal.
 An activity fee of \$50 will be charged on Oct. 12, 2018 and Feb. 15, 2019.
 St. Paul's Lutheran Church members will receive 50% off the registration fee.

 Parent Signature Date

- **SPLECC will be closed on the following holidays:** New Year's Eve Day, New Year's Day, Good Friday (Easter), Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve Day, and Christmas Day.
- **SPLECC will be closed for one week during the Christmas Holiday please note the school calendar for exact days. Families will not be charged for this week.**
- **SPLECC will close on snow/ice days** when Council Bluffs Community Schools closes. SPLECC will remain open when Council Bluffs Community Schools closes for cold days.

Please complete the information on the reverse side of this form.
Thank you.

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St. Paul's Lutheran Early Childhood Center
 1500 N. 16 Street Council Bluffs, IA 51501
 Phone: 712.322.3294 Fax: 712.328.3338
 Email: hb.stpauls@gmail.com www.splecc.org

Child's Full Name			
Child's Date of Birth			
Church Membership and or Baptismal Date			
Mother's Full Name			
Address			
Phone	Home	Cell	Work
Email			
Father's Full Name			
Address			
Phone	Home	Cell	Work
Email			
How did you learn of SPLECC?			

 Parent Signature

 Date

Office Use:
 Non-refundable registration and activity fee paid:
 Date _____ Amount _____ Method of payment _____ Priority # _____