



St. Paul's Lutheran Early Childhood Center 2018-2019 Registration Form

Email: hb.stpauls@gmail.com www.splecc.org

6 weeks-24 months

Monday – Friday 6:30 am-5:30 pm

\$205/Week

Tuition will be billed the Friday prior to services rendered.

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

Child's Name _____

Date of Birth _____

Children will bring bottles/sippy cups every day, food, and diapers/pull-ups with easy open side tabs, wipes, and a change of clothing.

- **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 days** when Council Bluffs Community Schools closes or announces a late start, 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.

2018-2019 Registration Form
St. Paul's Lutheran Early Childhood Center
 1500 N. 16th 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 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?			

I have fully read the registration form and understand that my child's tuition will be billed the **Friday prior to services being rendered.**

 Parent Signature

 Date

Office Use:

Non-refundable registration and activity fee paid:

Date _____ Amount _____ Method of payment _____ Priority # _____