



Dear Parents,

Faith Lutheran Break Care is available from 7a – 6p over Fall Break (October 9 – 13, 2017) for children ages 3 – 12 and all younger children must be potty trained. We are located less than a mile across from ABC Stewart.

Our Break Care includes planned activities and snacks in the morning as well as in the afternoons. However, lunch must be brought from home. The cost of Break Care is \$40/day or \$160/week (5<sup>th</sup> day free). Our spots are limited and will be filled on a first come basis. **The break care fees must be pre-paid on or before Friday, September 29, 2017 and are non-refundable.**

Please fill out the attached form and return it with a check made payable to **Faith Lutheran Preschool**. You can drop off your check at the Faith Lutheran Church office located at 6000 W State Road 46, Columbus, IN 47201 or mail it to P. O. Box 1164, Columbus, IN 47202. We will be closed the week of Thanksgiving (November 20 – 24, 2017).

If you have any questions, please contact us at (812) 342 3587 or [office@faintheotheweb.org](mailto:office@faintheotheweb.org).

Thank you!



# Faith Lutheran Preschool/Child Care Application

<b>FIRST STUDENT NAME</b>		DATE OF BIRTH	CURRENT AGE	DATE TO START ATTENDING	GENDER M F
<b>1</b>	<b>If PreSchool:</b> Circle desired class option. <small>HALF DAY (9a-Noon) 2 days 3 days 5 days</small> <small>FULL DAY (9a-3p) 2 days 3 days 5 days</small>	ADDITIONAL CARE NEEDED? 7a-9a 3p-6p	<b>If Elementary:</b> Circle days care needed. <small>BEFORE SCHOOL (3-6p) M T W Th F</small> <small>AFTER SCHOOL (3-6p) M T W Th F</small>	SCHOOL CHILD ATTENDS	CURRENT GRADE K 1 2 3 4 5 6
<b>SECOND STUDENT NAME</b>		DATE OF BIRTH	CURRENT AGE	DATE TO START ATTENDING	GENDER M F
<b>2</b>	<b>If PreSchool:</b> Circle desired class option. <small>HALF DAY (9a-Noon) 2 days 3 days 5 days</small> <small>FULL DAY (9a-3p) 2 days 3 days 5 days</small>	ADDITIONAL CARE NEEDED? 7a-9a 3p-6p	<b>If Elementary:</b> Circle days care needed. <small>BEFORE SCHOOL (3-6p) M T W Th F</small> <small>AFTER SCHOOL (3-6p) M T W Th F</small>	SCHOOL CHILD ATTENDS	CURRENT GRADE K 1 2 3 4 5 6
<b>THIRD STUDENT NAME</b>		DATE OF BIRTH	CURRENT AGE	DATE TO START ATTENDING	GENDER M F
<b>3</b>	<b>If PreSchool:</b> Circle desired class option. <small>HALF DAY (9a-Noon) 2 days 3 days 5 days</small> <small>FULL DAY (9a-3p) 2 days 3 days 5 days</small>	ADDITIONAL CARE NEEDED? 7a-9a 3p-6p	<b>If Elementary:</b> Circle days care needed. <small>BEFORE SCHOOL (3-6p) M T W Th F</small> <small>AFTER SCHOOL (3-6p) M T W Th F</small>	SCHOOL CHILD ATTENDS	CURRENT GRADE K 1 2 3 4 5 6
FATHER'S NAME		FATHER'S CELL PHONE ( )	MOTHER'S NAME		MOTHER'S CELL PHONE ( )
HOME PHONE ( )		STREET ADDRESS	CITY	ZIP 47201 47203 47273 47274 47448	
WHO REFERRED YOU TO FAITH?		EMAIL ADDRESSES			

Please sign here:

Date of Application:

## Fall Break Sign-Up Form

Please put a check mark on the days your child will attend	Fall Break					Total
	Mon 10/9	Tue 10/10	Wed 10/11	Thu 10/12	Fri 10/13	
Child Name(s)						\$40 per day or \$160 per week
						\$
						\$
						\$
<b>Total Days/Weeks</b>						\$