

Shepherd of the Valley Lutheran Preschool  
23838 Kittridge Street West Hills, CA 91307  
(818) 347-6784

## APPLICATION FOR SUMMER TODDLER ENROLLMENT 2025

Please complete a separate application for each student

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

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ School Attending \_\_\_\_\_

Resides with  Mother  Father  Other \_\_\_\_\_

**Parent(s)/Guardian**  Married  Divorced  Separated  Single  Widowed  Guardian

**Mother** \_\_\_\_\_  
Last First

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

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

**Father** \_\_\_\_\_  
Last First

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

Phone(s) and Email(s) \_\_\_\_\_

**List any allergies (especially food) or medical concerns.**

Local Physician \_\_\_\_\_  
Name Address Phone

**Where may we contact you in case of emergency?** List phone numbers (home, work, cell) in the order in which you would like to be contacted:

Mother phone #s \_\_\_\_\_

Father phone #s \_\_\_\_\_

**Who else is authorized to pick up your child?**

Name \_\_\_\_\_  
Relationship Phone

Name \_\_\_\_\_  
Relationship Phone

*In case of accident or serious illness, I request the school to contact me. If the school is unable to contact me, I hereby authorize the school to call the physician indicated above and to follow his or her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. I understand the school does not assume responsibility for any medical payments.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

LIC# 197414470

# Summer 2025 Toddler Program

The \$150 registration fee (non-refundable) must accompany the application to hold your child's place.

Initial \_\_\_\_\_

Early care 8-9 a.m. (\$7 charge for drop-offs before 8:45 a.m.)/Aftercare is billed depending on pick-up time (\$15 charge for sign-outs 15 minutes or more after scheduled pick-up time). Charges for early/after care will be automatically withdrawn from your bank account on the 10th of the following month.

Initial \_\_\_\_\_

Child's Name \_\_\_\_\_

Rates listed below are for a 6-week session. **FAMILY VACATIONS:** Tuition can be prorated for full weeks only. Partial weeks missed cannot be prorated. **The office must be notified of vacation dates by May 31<sup>st</sup>. We cannot prorate tuition for notification of vacations after May 31, 2025.**

## SUMMER RATES

(Pull-up fees are included)

	<input type="checkbox"/> <u>Half Day</u> (9:00 a.m.-12:30 p.m.)	<input type="checkbox"/> <u>School Day</u> (9:00 a.m. – 2:45 p.m.)	<input type="checkbox"/> <u>Extended Day</u> (9:00 a.m.-5:00 p.m.)
<input type="checkbox"/> 3-Day Program M/W/F	\$1,165	\$1,450	\$1,640
<input type="checkbox"/> 5-Day Program M-F	\$1,720	\$1,960	\$2,275

## WEEKLY THEMES

<u>Week of:</u>	<u>Theme:</u>
June 23-27	Beach Fun
June 30-July 3*	Red, White, & Blue – USA
July 7-11	Baby Shark Week
July 14-18	Camping in the Forest
July 21-25	Princesses and Pirates
July 28-Aug 1	Sports Camp

\*Camp Closed for 4<sup>th</sup> of July Holiday

Registration \$150 (due now) + Tuition = Total Due \$ \_\_\_\_\_

- I authorize half the summer payment to be automatically deducted from my checking account on June 1, 2025 and half on July 1, 2025.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date