

**Atonement Lutheran Church and School**  
4001 W. Beardsley Road, Glendale, Arizona 85308  
Telephone: (623) 374-3019  
[www.atonementlutherschool.org](http://www.atonementlutherschool.org)

Summer Program Coordinator: Andrew Sielaff

**Summer Program 2009 Registration**  
Please complete both sides



**AMAZING  
ADVENTURES  
IN THE SON**

**Let the SON shine in!**

**Student Information:**

Name: \_\_\_\_\_  
Last First Middle Name Child goes by

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Church Attending: \_\_\_\_\_ Has Child been baptized?  Yes  No

**Family Information:**

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Siblings:** *Please list names and ages*

\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

\_\_\_\_\_

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**FOR OFFICE USE ONLY**

Fees paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date Received \_\_\_\_\_ Initial \_\_\_\_\_

## SUMMER ADVENTURES REGISTRATION

Please circle the programs you wish to register for in each week

Week	Dates	Theme	½ Session 9:00-12:00	Full Session 9:00-3:00	Full Days 7:00-6:00	Daily Sessions 7:00—6:00	Notes
<i>Sample</i>	<i>Jan 3-7</i>	Summer Fun	\$60.00	\$110.00	\$130.00	\$30.00 M-(T)-W-(Th)-F	<b>Circle the days needed</b>
<b>1</b>	May 26-29	God's Amazing Universe	\$48.00	\$ 88.00	\$104.00	\$30.00 M-T-W-Th-F	<b>Closed May 25</b>
<b>2</b>	June 1-5	When Dinosaurs Roamed the Earth	\$60.00	\$110.00	\$130.00	\$30.00 M-T-W-Th-F	
<b>3</b>	June 8-12	God's Amazing Unusual Creatures	\$60.00	\$110.00	\$130.00	\$30.00 M-T-W-Th-F	
<b>4</b>	June 15-19	Cryptozoology	\$60.00	\$110.00	\$130.00	\$30.00 M-T-W-Th-F	
<b>5</b>	June 22-26	Aesop's Fables, Nursery Rhymes	\$60.00	\$110.00	\$130.00	\$30.00 M-T-W-Th-F	
<b>6</b>	June 29-July 2	Pioneer Days	\$48.00	\$ 88.00	\$104.00	\$30.00 M-T-W-Th-F	<b>Closed July 3</b>
<b>7</b>	July 6-10	Son Zone Science Discovery Center	\$60.00	\$110.00	\$130.00	\$30.00 M-T-W-Th-F	
<b>8</b>	July 13-17	Robots and More VBS Week	\$60.00	\$110.00	\$130.00	\$30.00 M-T-W-Th-F	
<b>9</b>	July 20-24	Your Place in God's Kingdom	\$60.00	\$110.00	\$130.00	\$30.00 M-T-W-Th-F	
<b>10</b>	July 27-31	Outrageous Family Olympics	\$60.00	\$110.00	\$130.00	\$30.00 M-T-W-Th-F	

Total \_\_\_\_\_

Total Registration Prepayment \_\_\_\_\_

Your child's health and safety are as important to us, as to you. The State of Arizona REQUIRES students enrolling in public, private, or parochial schools to present a completed emergency form and a documented immunization record. Students must be current with their immunizations

**Nap Room Policies:** For the overall well-being of the students attending the summer program, it is the policy of the school that children age three, enrolled in the full session or full day program, rest quietly for at least 20 minutes or until they fall asleep. Children will be woken from any nap that lasts longer than two hours or by 2:30 pm. It behooves us the right to request a child rest, if he or she is obviously in the need of sleep or quiet time. Parent's will need to provide a crib sheet and blanket for their child for the week. At the end of the week, it will be sent home to be washed.

Yes, my child will rest \_\_\_\_\_ No, my child will not rest \_\_\_\_\_

**Payment is due in advance for Summer Program.** (Choose all the weeks you want, full or half payment due upon registration and the balance is due before the last half of the summer session starts). Please return payment and registration form ASAP to reserve a space for your child. Due to limited space, if you must cancel for any reason within 14 days of start of registered week, one-third of fees will be non-refundable. No refunds are made in case of absence, vacation or illness. \_\_\_\_\_ *Please initial that you have read and understand.*

If a child remains on campus after 6:00pm a \$10.00 late fee will be assessed after 10 minutes. An additional \$1.00 per minute will be charged for each additional minute thereafter. A \$25.00 fee will be charged for returned checks. \_\_\_\_\_ *Please initial that you have read and understand.*

Print Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

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