St. Peter Lutheran

SUMMER SPLASH 2020: Intended Use Form

2440 North Raucholz Rd., Hemlock, MI 48626
989.642.5659

Child(ren)'s Name(s) & Age(s): _____

Parent's Name: _____ **Cell or Home Number:** _____

Address: _____ **Email:** _____

1. **Please indicate what days your child(ren) will attend by writing the approximate times of attendance in each square (ie: 8-4:30). Leave blank if your child(ren) will not attend.**
2. **If you need care on a day you have not signed up for, please call at least 24 hours in advance.**
3. **Drop offs available with a 24-hour notice.**
4. **All Payments are due by Friday of the week your child(ren) is attending. Failure to make payment may result in the loss of child care.**

WEEK	MON	TUES	WED	THURS	FRI
JUNE 8-12					
JUNE 15-19					
JUNE 22-26					
JUNE 29-JULY 3					
JULY 6-10	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
JULY 13-17					
JULY 20-24					
JULY 27-31					
AUGUST 3-7					
AUGUST 10-14					
AUGUST 17-21				CLOSED	CLOSED

Parent Signature: _____ **Date:** _____