



St. Peter Lutheran
SUMMER SPLASH 2019: 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 10-14					
JUNE 17-21					
JUNE 24-28					
JULY 1-5				CLOSED	
JULY 8-12					
JULY 15-19					
JULY 22-26					
JULY 29-AUGUST 2	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
AUGUST 5-9					
AUGUST 12-16					
AUGUST 19-21				CLOSED	CLOSED

Parent Signature: _____

Date: _____