



Lincoln Christian Academy
 P.O. Box 870 ~ Lincoln, CA 95648 ~ 916-645-6280

For Office Use Only:	
Registration Received:	___/___/___
Registration Fee Paid:	___/___/___

2019 SUMMER PROGRAM

7:00 a.m.—6:00 p.m. Monday-Friday

Held on LCA's Campus @ 1200 HWY 193, Lincoln

Registration Form

Entering Grades Kindergarten - Eighth

Kindergarten students may attend Elementary Program only if entering LCA in the Fall.

We also offer our Pre-K Summer Program at the Preschool.

Non-Refundable \$30 Registration Fee DUE with this Registration Form

Child Name _____ Birthdate _____ Grade Entering in Fall _____

Child Name _____ Birthdate _____ Grade Entering in Fall _____

Child Name _____ Birthdate _____ Grade Entering in Fall _____

Parent (#1) _____ Cell Phone _____ E-Mail _____

Parent (#2) _____ Cell Phone _____ E-Mail _____

SUMMER WEEKS REQUESTED:

Payments are to be made in accordance with this Contract Agreement. *If your child is not able to attend one of your contracted weeks, payment is still due.* Extra weeks or days may be added or exchanged if space is available.

<u>Week</u>	<u>Dates</u>	<u>Weekly Rate</u>		<u># of Children</u>	<u>Week Total</u>
Week 1	June 24-28	\$150	X	_____	\$ _____
Week 2	July 1-3,5 (closed 7/4)	\$120	X	_____	\$ _____
Week 3	July 8-12	\$120	X	_____	\$ _____
Week 4	July 15-19	\$150	X	_____	\$ _____
Week 5	July 22-26	\$150	X	_____	\$ _____
Week 6	July 29-Aug 2	\$150	X	_____	\$ _____
Week 7	Aug 5-9	\$150	X	_____	\$ _____

Weekly Total	\$ _____
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<u>Child</u>	<u>Dates</u>	<u>Daily Rate</u>		<u># of Days</u>	<u>Daily Totals</u>
_____	_____	\$35	X	_____	\$ _____
_____	_____	\$35	X	_____	\$ _____
_____	_____	\$35	X	_____	\$ _____
_____	_____	\$35	X	_____	\$ _____

Daily Total	\$ _____
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Summer Total \$ _____

Please complete other side.

Weekly Rates

\$150

Daily Rates

\$35

Contract Outline:

Please initial:

_____ I agree to adhere to the Parent responsibilities and Billing Procedures as outlined in this contract and in the Summer Program Parent Handbook

_____ I acknowledge that I will review and adhere to all of the guidelines outlined in the Summer Program Parent Handbook. I will obtain a copy before my child's first day of summer camp

_____ I am aware that **all past due tuition balances must be paid and current** before my child can attend any week of the Summer Program

_____ I am aware that payments are to be made in accordance with this Contract Agreement.

_____ Payments are due by the first (1st) of each month attending.

- Invoice my FACTS account (for FACTS registered families only)
- I will pay by cash/check (tuition box is inside elementary office door)

- Parents are responsible for providing a lunch, two (2) snacks, and water bottles. **Lunches cannot be refrigerated or microwaved.**
- Sun screen lotion and/or insect repellent should be applied before school. Staff will not apply lotion on children.
- If your child is on medication and LCA staff has to administer the medication, please turn in a note from your physician with the original prescription bottle.
- Footwear must be worn at all times when outside, water shoes highly recommended for water play games.
- Swim shirts, or t-shirts, must be worn over all swimwear (Girls & Boys)
- Current LCA Emergency Card must be on file.

Contracting Parent Signature

Date