

STUDENT NAME _____

EXITING GRADE _____

CAMP FALCON 2009 ENROLLMENT CONTRACT

CHRIST LUTHERAN SCHOOL
315 SOUTH HUGHES STREET, LITTLE ROCK, AR 72205
Camp Cell: 501-517-0181 School Office: 501-663-5212
June 8, 2009-August 7, 2009 7am-6pm

FEES:	
\$70	Registration fee per child –includes one T-Shirt ** if paid before April 24
\$95	Activity Fee per child K-6*
\$65	Activity Fee per child Preschool*
\$50	Building Use Fee (CLS students have already paid building fee with school enrollment)
TUITION:	
\$20/day	1 Student (\$60-\$100/week for 3-5 days)
\$19/day	2 Students (\$114-\$190/week for 3-5 days)
\$18/day	3 Students (\$162-\$270/week for 3-5 days)
\$1/minute	Fee pickup after 6:00 p.m. NO EXCEPTIONS

*Activity Fee to be paid in full for each student before Camp Falcon begins. This fee covers the cost of all field trips and/or activities. Your child may not attend Camp Falcon until Registration, Activity and Building Fees are paid in full.

In consideration for this application in Camp Falcon, I understand:

1. An enrollment contract must be filled out for **EACH** child.
2. I enclose a NON-REFUNDABLE registration fee of \$70.00 for each child with this contract.
3. Please choose one:
(Students must contract for a minimum of 8 out of 9 weeks attending at least 3 days per week.)

___ I contract for 3 days/week for _____ # of weeks.

___ I contract for 5 days a week for _____ # of weeks.

4. What will be your usual time of arrival and pickup? Arrival _____ Pickup _____

5. Please circle the days your child will attend

JUNE					JULY					AUGUST				
1	2	3	4	5			1	2	X	3	4	5	6	7
8	9	10	11	12	6	7	8	9	10					
15	16	17	18	19	13	14	15	16	17					
22	23	24	25	26	20	21	22	23	24					
29	30				27	28	29	30	31					

- All Payments are to be made IN ADVANCE OF THE WEEKLY PERIOD. Checks are to be made payable to Christ Lutheran School. Please list all students' names with payment.
- I must give advanced written notice if it becomes necessary to make a change in this contract.
- I hereby authorize Christ Lutheran and its representatives to administer first aid and to obtain other emergency medical treatment for my child in the event of accident or illness, including transportation for such.
- I hereby waive any claims or rights of actions against Christ Lutheran School or staff for damages and/or injuries sustained while attending Camp Falcon or while being transported to and from Christ Lutheran School/Camp Falcon.
- I give permission for my child to accompany the rest of the children on field trips and outings sponsored by Camp Falcon.

I have read the entire contract and agree to comply with the terms and conditions stated in it and that I am responsible for all payments due under this contract.

Parent/Guardian Signature

Date

T-SHIRT ORDER

**One (1) T-shirt paid with registration before April 10, Additional shirts \$6.00 each before April 24. Please write the number of shirts requested by size.

____ Youth Small (6-8)

____ Adult Small

____ Youth Medium (10-12)

____ Adult Medium

____ Youth Large (14-16)

____ Adult Large

____ Adult X-Large