

**Trinity Lutheran Child Development Center  
Summer Care 2010**

Please return this form to Carol Copeland.

Child's Name \_\_\_\_\_ Age/Current Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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**Section I: Complete this section for children attending this summer**

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- My child current attends the CDC and will attend this summer. **Complete sections II & III.**
- My child does not currently attend the CDC, but will attend this summer. Registration form is attached. **Complete sections II and III.**
- My child will not attend the CDC this summer, but will begin attending in the fall, KOOL included. **Complete section IV on the reverse side of this form.**
- My child will not attend the CDC this summer and is not expected to be in the CDC in the fall.

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**Section II: Days and Hours of Attendance**

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Please indicate the days and hours your child(ren) will be attending this summer in the following table and then complete section III on the reverse side of this form.

Day of Week	Arrival Time	Pick-up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

My child(ren) will be on vacation the following days/weeks over the summer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Section III: Siblings to Attend**

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I would also like the following siblings to attend during the summer months:

Name	Age / Current Grade

The hours would be the same as indicated in section II on the reverse side.

The hours and days would be as follows:

Day of Week	Arrival Time	Pick-up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

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**Section IV: Complete this section for children NOT attending this summer**

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My child will not attend the CDC this summer, but will begin attending in the fall as follows:

Expected start date: \_\_\_\_\_

Anticipated Schedule:

Fixed Schedule

Day of Week	Arrival Time	Pick-up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Variable Schedule (Specific dates and times will be provided in writing by Tuesday of the preceding week.)