

Dear Little Log Cabin Families,

Please fill out the form below to let us know of your plans for your child to attend our center through the summer months and starting back in the fall. If for some reason you no longer plan to have your child attend the Little Log Cabin program, please return the withdrawal form at the bottom of the page.

In order to maintain a place for your child, please sign and return this form to signify a commitment for the program you selected *with* your non-refundable registration fee of \$55 by Friday, February 25. If you register for summer only you will only be charged \$27.50. If tuition payments or registration fee become two weeks overdue you will be requested to place the charges on your credit card or make other arrangements for payment. Your child could lose their spot at LLC if payment is not made.

*******Pre-Registration Form*******

Child's Name _____
Parents/Guardian Name: _____
Address: _____
Age on September 1 _____ **Birthdate** _____
Phone Number _____ **Cell phone** _____
E-Mail Address _____

I am interested in my child attending the following programs for the June and/or the September session. (Please Check)

Summer Camp ____ **Fall Pre-School** ____ **Full Child Care** ____
LLC Kindergarten Year ____ **Before and After School Program** ____
Dates desiring child to begin attending LLC: _____

Please select the program options you want by circling below the days and times you want your child to attend our center.

Half Day Programs: 6:15-1:00 - 12:00-6:00
 Preschool-9:00-12:00
 LLC Kindergarten- 9:00-1:00;
Full Day Programs: Full Day Care-6:15-6:00
 Before and After School Care - Mornings 6:15 - 8:30 - Afternoons 3:30 to 6:00

Circle	SUMMER		FALL		
	Days wanting child to attend	Approximate Time of Arrival	Departure	Approximate Time of Arrival	Departure
Monday	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____

Registration Amount: _____ **Paid** _____ **(Please check when submitted)**

Signature _____ **Date** _____

FALL BEFORE AND AFTER SCHOOL PRE-REGISTRATION FORM

Circle Desired days child to attend	AM Arrival time	Time due at school	Pick up time at school	PM Pick up time at LLC
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____

Starting Date at LLC: _____ **School Attending:** _____
Signature _____ **Date** _____

Parents/Guardians: If you sign your child up for the summer program, we hold that spot for you. If you fail to notify us of withdrawing your child at least two weeks before the summer program begins, you will be responsible for tuition for those two weeks.

New Policy: Students attending LLC for summers only are awarded 2 vacation days per year.

NOTICE OF STUDENT WITHDRAWAL

Child's name _____
 Date of Student Withdrawal _____
 Reason _____

 Signature _____ Date _____