

**St. Paul’s Lutheran Early Childhood Center**

**2017-2018 Registration Form**

Email: [stpaulscares@cox.net](mailto:stpaulscares@cox.net) [www.splecc.org](http://www.splecc.org)

**Infant – Toddler - PS2**

*6 weeks-36 months*

Monday – Friday 6:30 am-5:30 pm

$190/Week

**Billed the Friday prior to services rendered.**

**Infant – Toddler - PS2 Fees**

$75 Registration Fee (non-refundable) due at time of registration

St. Paul’s Lutheran Church members will receive 50% off of the registration fee

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children will bring bottles/sippy cups every day, food, diapers/pull-ups**

**with easy open side tabs, wipes, and a change of clothing.**

* **SPLECC will be closed on the following holidays:** New Year’s Eve Day, New Year’s Day, Good Friday (Easter), Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve Day, and Christmas Day.
* **SPLECC will be closed for one week during the Christmas Holiday, please note the school calendar for exact days.** Families will not be charged for this week.
* **SPLECC will close on snow days** when Council Bluffs Community Schools closes or announces a late start, SPLECC will remain open when Council Bluffs Community Schools closes for cold days.

\*St. Paul’s Lutheran Church members will receive 50% off of the registration fee. \*

**Please complete the information on the reverse side of this form. Thank you.**

**2017-2018 Registration Form**

**St. Paul’s Lutheran Early Childhood Center**

1500 N. 16th Street Council Bluffs, IA 51501

Phone: 712.322.3294 Fax: 712.328.3338

Email: [stpaulscares@cox.net](mailto:stpaulscares@cox.net) [www.splecc.org](http://www.splecc.org)

|  |  |
| --- | --- |
| Child’s Full Name |  |
| Child’s of Birth |  |
| Church Membership and or Baptismal Date |  |
| Mother’s Full Name |  |
| Address |  |
| Phone | Home Cell Work |
| Email |  |
| Father’s Full Name |  |
| Address |  |
| Phone | Home Cell Work |
| Email |  |
| How did you learn of SPLECC? |  |

I have fully read the registration form and understand that my child’s tuition will be billed the **Friday prior to services being rendered**.

Parent Signature Date

Office Use:

Non-refundable registration and activity fee paid:

Date\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_ Method of payment\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Priority # \_\_\_\_\_\_\_\_\_\_\_