



Summer Program

2504 Cub Hill Rd
 Parkville, MD 21234
 410-661-1090 x204

June 18 -August 24, 2018 (2-Week Themed Blocks)

AM Program: 8:30 am-12:30 pm

Full Day: 8:30 am-3:30 pm

Full Care: 7:30 am-5:30 pm

- June 18-June 29- Time Travel/ God is my Friend
- July 2- July 13- Son & Surf/ God's Creatures
- July 16-27- Camp Kaboom/God's Energy
- August July 30 – August 10- Christian Crusaders/ Be a Hero for God
- August 13- August 24- Wild About God/Discovering Hawaii

AM PROGRAM:

2's (Steward) \$22 per day

3 yrs. – 5th grade (Steward) \$20 per day

2's (Non-Steward) \$25 per day

3 yrs. – 5th grade (Non- Steward) \$23 per day

FULL DAY TUITITON:

2's (Steward) \$32 per day

3 yrs. - 5th grade (Steward) \$30 per day

2's (Non-Steward) \$35 per day

3 yrs. -5th grade (Non-Stewards) \$32 per day

FULL CARE TUITION:

2's (Steward) \$42 per day

3 yrs. -5th grade (Steward) \$40 per day

(Non-Steward) \$45 per day

3 yrs. – 5th grade (Non-Stewards) \$42 per day

5 Days/FULL CARE:

2's (Steward) \$200 per week

3 yrs. – 5th grade (Steward) \$190 per week

2's (Non-Steward) \$225 per week

3 yrs. – 5th grade (Non-Steward) \$200 per week

\$50 per family Registration **Does not apply to currently enrolled students for the 2017-2018 or 2018-2019 school years**

Steward is an annual pledge of \$500 or more to Saint Demetrios Greek Orthodox Church

Payment is due in advance each week/ cash or check accepted made Payable to: Saint Demetrios Pre-School

Please complete (1) Form for each child enrolling

_____ will attend the following program: Please check

(Child's FULL Name) _____ (Birth Date) _____

Gender: Male / Female

- 2's AM Program
- 3 yrs-5th grade AM Program (indicate child grade level for Sept. 2018) _____
- 2's FULL DAY Program
- 3 yrs-5th grade FULL DAY Program
- 2's FULL CARE Program
- 3 yrs.-5th grade FULL CARE Program

Family Information

(Father's Name)

(Mother's Name)

Home Address: _____

Home Phone: _____ Cell Phone: _____

Primary Email Address _____

Primary Language Spoken at home: _____

Current Steward of Saint Demetrios Church (\$500.00 or more): _____ Yes _____ No

Other Church Membership: _____

Does your child have any Food/Medication Allergies? Yes / No
If so, Please indicate _____

Has your child been evaluated through the Infants/Toddlers Program? Y / N Does your child receive outside services and/or has an IEP? Y / N If Yes, Where/When?

Would you SERIOUSLY consider enrolling in our Kindergarten program in the future? Yes / No

Parent Signature(s): _____

(Office Use Only)

A non-refundable registration fee of \$50 is due upon registering your child—non currently enrolled students ONLY.

Check / Cash Received: # _____ Date: _____