

Received on: _____

Received by: _____

APR. / MAY. 2008

EXCEL PROGRAM SIGN - U P

SUN	MON	TUE	WED	THU	FRI	SAT
April 21-30	21 AM	22 AM	23 AM	24 AM	25 AM	
	PM	PM	PM	PM	PM	
May 1-16	28 AM	29 AM	30 AM	1 AM	2 AM	
	PM	PM	PM	PM	PM	
	5 AM	6 AM	7 AM	8 AM	9 AM	
	PM	PM	PM	PM	PM	
	12 AM	13 AM	14 AM	15 AM	16 AM	
	PM	PM	PM	PM	PM	

RETURN W/PAYMENT BY: Friday 4/4/08

Please circle AM, PM or both AM & PM on the dates you plan to have your child in EXCEL. Then fill in the portion below *completely*. The cost is \$7 per day regardless of how many minutes your child attends with a \$1 per minute late charge for each minute after 6 p.m. You must have a contract on file in the office in order for your form and payment to be valid. Understand that refunds cannot be given. Please see your EXCEL contract for all policies.

Child's Name: _____

Number of Days: _____AM _____PM _____BTH

Total Days: _____ x \$7 = \$_____ Check#: _____

Please make checks payable to Lamb of God and write EXCEL/Your Child's Name in the memo portion.

Anticipated Times*: _____ Drop off _____ Pick Up

**Times are not binding, but so staffing/snack needs can be anticipated.*

Allergies or other special considerations: _____

Phone #s 7 AM-6 PM:1) _____

2) _____

Signature: _____ Date: _____

EXCEL: EXTENDED CARE, ENRICHMENT & LEARNING

Lamb of God Lutheran School
6232 North Jones Blvd.
Las Vegas, NV 89130
Phone: 702-645-1626
Fax: 702-645-6031

By the power of the Holy Spirit, the director and staff of EXCEL are dedicated to running a quality after school program based on the mission statement of our school.