

# Good Shepherd Summer Care

## *Registration Calendar*

### August 2010

Mon	Tue	Wed	Thu	Fri
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20

- Please check the days your child will be attending in the calendar above.
- If your child will be staying all 15 days, just check here \_\_\_\_\_.
- **You may pay for the entire month at this time or in weekly installments on the first day of that week. Please check appropriate box.**  
 I will pay entire month     I will pay weekly

Name(s): \_\_\_\_\_ Grade in September: \_\_\_\_\_ # of days \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
Total Days \_\_\_\_\_

If form is received **before July 26** X \$25.00  
 If form is received **after July 26** X \$30.00

Amount Due \$ \_\_\_\_\_  
 Please provide a receipt

**Drop this form off at school or mail in.**  
 Attn: Summer Care  
 Good Shepherd School  
 145 Jersey Avenue South  
 Golden Valley, MN 55426  
*Please make checks payable to Good Shepherd School*