

Salem Lutheran Children's Center

Summer Proposal 2025

*(This is not your summer contract! We will create a contract based on the information provided.)*

Child's Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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**Please Check ONE of the Following Options for Summer:**

\_\_\_\_\_ **1.** If you are planning on sending your child all summer, then you may pick the days of the week that you need:

*Minimum of two days required:*

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

\_\_\_\_\_ **2.** If you are planning to pick specific weeks for the summer, please check the weeks that your child will be attending. If you pick by the week, then you will be charged the full weekly rate.

6/23 - 6/27 * <small>The summer program will begin the first full week after HCPS closes</small>	
6/30 - 7/4 (We are closed Friday, July 4th)	
7/7 - 7/11	
7/14 - 7/18	
7/21 - 7/25	
7/28 - 8/1	
8/4 - 8/8	
8/11 - 8/15	
8/18 - 8/22	
8/25 - 8/29 (We are closed Friday, Aug 29 <sup>th</sup> )	