



CAMPUS:
 ___ AUDUBON
 ___ CATHEDRAL
 ___ EAST FALLS
 ___ RADNOR
 ___ RIDGE

Les Petits Cherubs

Childcare, Learning Centers, Summer Camps

SUMMER/ FALL 2017 SURVEY

Dear Parents,

Please complete and return to the **Administrative Office** by March 17th. Once your survey is submitted, you will then receive your summer packet if the child's enrollment is noted to continue. This will include an updated financial contract, emergency contact, summer calendars, and activity registration and summer reminders. Please be sure to return ALL of these updated summer enrollment forms. If you have any questions, please call the Administrative Office at 610-650-8157. Your prompt reply is encouraged.

If you inform us that your child will be attending in the fall, you will also receive a Fall Packet in early to mid-August.

(Child) Last Name, First Name	Age	Date of Birth
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My child is currently in the following group:

Infant Transi Young Toddler Older Toddler Pre-School Pre-K Kindergarten Before/After School

_____ My child **WILL** continue to attend for the Summer on the following days:

Monday Tuesday Wednesday Thursday Friday

_____ This schedule is **different** than their current schedule

_____ My child **WILL** also continue for the Fall program on the following days:

Monday Tuesday Wednesday Thursday Friday

_____ My child **WILL NOT** be attending for Summer but **WILL** be returning for Fall. Please hold my deposit.

They will be attending on the following days:

Monday Tuesday Wednesday Thursday Friday

Summer Withdraw Date: _____ (**a two week written notice is required**) Fall Re-enrollment Date: _____

_____ My child **WILL** be attending this Summer but **WILL NOT** return for Fall

My child's last day will be: _____ (please date of withdraw, **a two week written notice is required.**)

_____ My child **will not be attending this Summer and will not return for Fall**

My child's last day will be: _____ (please list date of withdraw, **a two week written notice is required.**)

_____ My child will attend for a portion of the summer program but their last day will be: _____

(Please list anticipated date of withdraw, **a two week written notice is required.**)

_____ I have a child who is 5+ years old, I would like to enroll them this fall in the Kindergarten at LPC.

_____ I have a family member who is 5+ years old and finished kindergarten, and I would like to enroll them in Summer Camp.

Parent Signature: _____ Date: _____

I have/am referring a friend to LPC Childcare Centers or to the Summer Camp and I understand that if they enroll, I will receive a \$250.00 tuition credit. Offer good from February 19th to September 17th. Child must be enrolled for 30 days or more.