

2011 Magic Mushroom Family Enrollment Form

Child's Last Name _____

Parent Name(s) _____

Address _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ How did you hear about us? _____

Family's Home Church _____

Emergency Contact Name _____ Phone _____

Child's First Name	Date of Birth	Grade Just Completed	Age (by July 1 st)	Returning Student? YES/NO	Food Allergies? YES/NO <i>Describe on Back</i>	OFFICE USE ONLY Assigned Classroom
1						
2						
3						
4						

I understand that my child is expected to be at Irving Park Lutheran Church from 9 a.m. to 12 noon on Mondays, Tuesdays, Wednesdays, and Thursdays and that he/she may be invited to field trips/performances on Fridays at varied times. I will receive information and a permission slip to be signed before each of these trips/events.

Date _____ Parent/Guardian Signature _____

Registration Fees:

Early Registration: \$20.00 per child from March 8th– May 1st, 2011 (office will be closed on Wednesday, March 9th)

Late Registration: \$25.00 per child from May 2nd – June 17th, 2011 (or until classes fill)

Tuition Fees (no partial weeks, may be paid in weekly installments):

- First child in family **\$180.00**
- Two children in family **\$240.00**
- Three children in family **\$300.00**
- Each additional child **\$20.00 per child per week**

**Trip fees are additional, to be paid in advance.

Registration is complete with payment of a non-refundable registration fee and first-week tuition. All other weeks must be paid on previous Thursday, or may be paid in full at time of registration.

****Need-based Magic Mushroom Scholarships are available.** Please contact Financial Officer Phil Bole at 773-987-6248.

In addition to the Friday field trips, at times your child's teacher may want to take the children on short walking trips. The purpose of these trips is to correlate the day's lessons with the sights and sounds of the outside. Your permission is requested.

I give the Magic Mushroom Program permission to take my child on occasional short walking trips during the regular hours of the Magic Mushroom Program.

Parent/Guardian Signature _____

Attention Parents:

Due to the increased volume of children that have food allergies, Magic Mushroom will no longer be able to provide snacks for children who have extreme or severe dietary food restrictions. This does not include restrictions for juices or beverages that Magic Mushroom will be able to accommodate. It will be the responsibility of the parents to provide weekly snacks for their children and have them properly labeled for the week. *This is only for children with dietary food restrictions.*

Describe allergies here:

Child's Name	Type of Allergy	Accommodations Required
1.		
2.		
3.		
4.		

If your child has any medical conditions that the staff should know about, please describe here:

PROGRAM DATES: July 5th – 28th. Please list any dates that you know of that your children will be absent:

For questions, please call 773-267-1667. Please fill form out as completely as possible and send with payment (*check or money order only, made out to Irving Park Lutheran Church*) to:

Magic Mushroom Program
c/o Irving Park Lutheran Church
3938 W. Belle Plaine
Chicago IL 60618

Section below to be completed by registrar only.

<i>To be circled by Registrar</i>	Amount Paid	Method of Payment	Check Number	Date
Early / Regular Registration Fee:				
First Week				
Second Week				
Third Week				
Fourth Week				