

SHERMAN OAKS LUTHERAN CHILDREN'S CENTER
14847 Dickens Street, Sherman Oaks CA 91403 Phone: 818 784-9480 Lutheranchildrenscenter.org

CHILD'S NAME Phone hm:				DATE OF BI	DATE OF BIRTH:		_F
					cell:		
Wiolii.			1 none in	1	cell:		
Dad:			Phone hn	n:	wk:		
Address				City	Zip		
Mom's E-	mail Address_						
Dad's Em	ail Address						
Where did	you hear abo	ut SOLCC	?				_
Please spe	cify date you	would like	your child to begin	attendance:			
Schedule 1	requested: _	Half	Day3/4 [DayFull Day			
	Moi	nday	Tuesday V	Vednesday 7	ΓhursdayFriday		
****Thre			e consecutive days.	<i>y</i>	, <u> </u>		
			2022-2023 TU	UTION RATES	S		
			FULL DAY	¾ DAY	HALF DAY		
			7:00-6:00	7:00-3:30	8:30-1:00		
	5 DAY	ZS	1275.00	1135.00	950.00		
	4 DAYS 3 DAYS		1105.00	995.00	850.00		
			945.00	880.00	740.00		
	2 DAY	'S	750.00	700.00	595.00		
EXTRA TIME: Half Day 34 Day Full Day			\$75.00 EX \$85.00 \$95.00	TENDED TIME:	1:00-3:30 \$45.00 3:30-6:00 \$45.00 1:00-6:00 \$65.00		
LATE PIC	CK UP FEES:		half hour or any por		6:00 p.m.		
	ement is accep	200.00. \$75 ted. These	payments are non-re	n this registration for formal states that the states in the states in the states are states as the states are states are states as the states are states are states as the states are states are states as the states are states as the states are states are states as the states are states as the states are states are states as the states are states as the states are states are states as the states are states are states as the states are states are states as the states a	orm. The additional \$10		
Receir					n notification of space a		_
10001	01 11110 101111	-	acceptance must be		-	. , 611401	<u></u> ,
			re placed on a waitir				
Parent's Signature				I	Date		
Office use: Fee paid \$			Check #	Date	Rec'd by		