

ADMISSIONS APPLICATION- SUMMER PROGRAM 2026

Salem Lutheran School/Ministries
1800 W. Emma AVE.
Springdale, AR 72762
(479) 751-9500 Fax (479) 750-2028

Office Use Only
Received _____
Cash/Check _____
Start Date _____

Registration

Registration fees must accompany this application form in order to reserve your child's placement in Salem Lutheran School's Summer of Fun Program. Check made payable to Salem Lutheran School. **Registration fees are non-refundable.** Applications and fees are Encouraged by March 14th, 2026.

Summer Registration:

Pre-K Registration Fee- \$50.00 Elementary Age Registration & Activity Fee- \$100.

Child's Name: (First) _____ (middle) _____ (Last) _____

Address: _____ City _____ Zip Code _____

Date of Birth: _____ Male or Female

Parent's Names _____ cell phone _____
_____ cell phone _____

Marital Status of parents: Married Separated Divorced Other _____

Parent's Email Addresses Mom's: _____ Dad's: _____

Mother's Employer _____ Work Phone _____ Work Hours _____

Father's Employer _____ Work Phone _____ Work Hours _____

Hours the child will be in care: from _____ am to _____ pm

Days attending FULL TIME/ PART TIME: Mon. Tue. Wed. Thurs. Fri. (Please circle full or part time & days)

Grade child has just completed in school: PreK 2 ½-3 PreK 4's Kdg 1 2 3 4 5

Who is responsible for payment of this child's tuition?: _____

Please list any handicaps, allergies, or special health problems that school should know about _____

Church Affiliation _____ Regular attendance: yes no Is your child baptized?: yes no

Hours of Operation 7:00am-5:30 pm

Dates of summer program: May 27th-July 29th

We will be closed: Friday, July 4th Independence Day,

July 30, 31 & Aug. 1st (to prepare for the 2025-26 school year.)

Emergency Contact Information:

In order that we may be of the greatest service to your child in case of an emergency, accident, or sudden illness, it is necessary that you indicate below the procedure you wish us to follow. Please fill in the spaces in order of your preference including parent's names. All information MUST be filled out in full.

<u>Name/ Relationship to child</u>	<u>EMERGENCY PHONE #</u>	<u>ADDRESS-including street, state and zip code</u>
<u>1st</u>	<u>() -</u>	<u></u>
<u>2nd</u>	<u>() -</u>	<u></u>
<u>3rd</u>	<u>() -</u>	<u></u>
<u>4th</u>	<u>() -</u>	<u></u>

Physician preference- Name, address, and phone number

Hospital preference- Name, address and phone number

Dentist preference- Name, address and phone number

If none of the above procedures is satisfactory, please indicate what course of action should be followed:

Please list below who may pick up and take your child from school giving their name and relationship to the child:

- 1. 2. 3.
- 4. 5. 6.

Please list below the names of person(s) NOT allowed to pick up your child, if any:

- 1. 2. 3.

Medical Care:

I, we Father/Mother/Parents of do hereby request and give consent to the administrators of Salem Lutheran School, or his /her duly authorized representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent cannot be reached. Consent is also given for the above- mentioned to transport said child for emergency medical treatment, if the parents cannot be reached.

Parent's Signature Date

I, we the parents/guardians of this child understand that I/we may ask for a conference with the teachers and administrators as needed.

Parent's Signature Date

Registration fee and immunization record MUST accompany this application.

Salem Lutheran School admits students of any race, color, national and ethnic origin in administration of its educational policies, and all other school-administered programs.

All employees of Salem Lutheran School and Church are, by law, mandated reporters of any suspected child abuse and/or neglect. All staff and children are subject to be interviewed by DHS and other such agencies and their employees at any time without prior notification to the parents or school administration.

Summer Fun in the SON 2026

When: 10 Weeks May 26-July 29th (We are CLOSED JULY 30-31)

Who: Children 30 months and potty trained - Just Finished 5th Grade

****Yearly Registration/Activity Fee: 30 mon.-Pre K: \$50 Elementary K-5: \$100**

(10% discount for 2nd and 3rd child, and Members of Salem)

Summer Tuition 2026	Full Payment	Weekly	Bi-weekly	Monthly
		9 payments	5 payments	2 payments
Non-Member	1 Child	Every Mon.	Every other Mon.	May 26 & June 30
Full Time	\$2000	\$200	\$400	\$1000
Part-Time 4 Days	\$1,850	\$185	\$370	\$925
Part-Time 3 Days	\$1,650	\$165	\$330	\$825
Part-Time 2 Days	\$1,400	\$140	\$280	\$700

School Year 2026-2027

When: 42 Weeks **Start date Aug.3**

Who: Child 30 months and potty trained- 4/ 5 yrs old.

Yearly Registration: 30 mon. - PreK- \$250

Tuition 2026-2027	Full Payment	Weekly	Bi-weekly	Monthly
		42- payments	21- payments	10 payments
Non-Member	1 Child			
Full Time	\$8,400	\$200	\$400	\$1,000
Part-Time 4 Days	\$7,770	\$185	\$370	\$777
Part-Time 3 Days	\$6,930	\$165	\$330	\$693

****10% Discount for 2nd Child(&3rd), and Members of Salem.**

