



**BUILDING BLOCKS
PRESCHOOL**
at Good Shepherd Lutheran Church

Dear Building Blocks Families,

Welcome to the 2020-2021 school year! The enclosed packet contains several items: our 2019-2020 Preschool Staff Biographies, registration papers for morning and lunch bunch programs, medical exam and immunization forms, and our Parent Handbook which contains the 2020-2021 school calendar. Please take a minute to read about our amazing Building Blocks Preschool staff. I have a tremendous respect for our experienced teachers who plan and provide consistent, meaningful experiences to foster growth in all areas.

REGISTRATION DATES:

Monday, January 27th at 9:00 am in the Narthex: Current BBP Families

Tuesday, January 28th at 12:00 p.m.– GSLC Church Members New to Building Blocks

Wednesday, January 29th at 9:00 am - Registration Open to the Public

ITEMS TO BRING ON REGISTRATION DAY:

1. Completed Registration Papers. (Note your Lunch Bunch Enrollment as well.) Be sure to complete **ALL** sections including doctor addresses, phone numbers, hours you work etc.

* Note: BBP will NOT pass inspection if this information is missing.

2. Registration / snack fees – checks made payable *Good Shepherd Building Blocks*

* *Medical records do not have to be submitted at the time of registration. See below.*

MEDICAL AND IMMUNIZATION RECORDS:

Completed Medical Exam forms and Immunization paperwork must be submitted on or before (preferred) "Meet the Teacher" - Thursday, September 3, 2020. The state of Missouri requires all preschoolers have an annual physical and up-to-date immunization records on file before the first day of school. The medical exam must include the date of the exam and must be dated after September 2019. Each Medical Exam Report will expire one year from the date administered and an updated form needs to be turned into the office. In addition, we ask that you submit an updated immunization record.

We look forward to a fun year of learning and growth in all areas of development!

In Christ,

Kathy Rebholz, M.Ed.

Good Shepherd Lutheran Church

Director of Building Blocks Preschool

327 Woods Mill Road

Manchester, MO 63011

636-391-6685 ext: 19

Fax: 636-391-8803

www.goodshepherdlutheran.com

krebholz@gslcelca.org



**BUILDING BLOCKS
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2020-2021 REGISTRATION FORM

****** PLEASE WRITE LEGIBLY ******

Child's Name: _____

Child's Birth: _____

Sibling Names/Ages

Child Background Information:

Food Allergies: Yes No

Asthma: Yes No

Medical: Yes No

(If yes to either of these questions above, please explain below.)

Church Where Baptized/Dedicated

Mother's Contact Information:

Name: _____

Home #: _____

Work #: _____

Cell #: _____

Occupation: _____

E-mail: _____

Religious Preference: _____

Member of what Congregation: _____

Father's Contact Information

Name: _____

Home #: _____

Work #: _____

Cell #: _____

Occupation: _____

E-mail: _____

Religious Preference: _____

Member of what Congregation: _____

Mother's Home Address:

Father's Home Address

New to Building Blocks? Yes No ***If no, any changes in your address?** Yes No

In what school district do you reside? _____

Do you participate in your school district's *Parents As Teachers* Program? Yes No

Does your child receive any outside services / therapies? If yes, explain. Yes No

Who would you like included on school e-mails?

Only Mother: ___ Only Father: ___ Both: ___ Other*: ___ *Email: _____

*Relationship to Child: _____

Emergency Contact Information

Name: _____ Relationship to Child (not a parent): _____

Cell #: _____ Home #: _____ Work #: _____

Schedule a tour with Preschool Director Kathy Rebholz at krebholz@gslcelca.org or 636-391-6685 ex: 19.
To reserve a place in Building Blocks Preschool Program, submit these forms and non-refundable fees.



2020-2021 Building Blocks Preschool

8:45am - 11:45am

***Please note: We reserve the right to change or reconfigure classes according to enrollment.**

To reserve a place, submit these forms and non-refundable fees.

Check Class Preference:

Monthly Tuition Rate

Preschool One (1 year by 8/1/20)

| | |
|--|-----------------|
| <input type="checkbox"/> 2 days: Tuesday & Thursday | \$200 per month |
| <input type="checkbox"/> 2 days: Monday & Wednesday | \$200 per month |
| <input type="checkbox"/> 3 days: Monday, Wednesday, Friday | \$270 per month |
| <input type="checkbox"/> 4 days: Monday - Thursday | \$355 per month |
| <input type="checkbox"/> 5 days: Monday - Friday | \$430 per month |

Preschool Two (2 years old by 8/1/20)

| | |
|--|-----------------|
| <input type="checkbox"/> 2 days: Tuesday & Thursday | \$200 per month |
| <input type="checkbox"/> 2 days: Monday & Wednesday | \$200 per month |
| <input type="checkbox"/> 3 days: Monday, Wednesday, Friday | \$270 per month |
| <input type="checkbox"/> 4 days: Monday - Thursday | \$355 per month |
| <input type="checkbox"/> 5 days: Monday - Friday | \$430 per month |

Preschool Three (3 years old by 8/1/20 and potty-trained)

| | |
|---|-----------------|
| <input type="checkbox"/> 2 days: Tuesday & Thursday | \$200 per month |
| <input type="checkbox"/> 3 days: Monday, Wednesday & Friday | \$250 per month |
| <input type="checkbox"/> 4 days: Monday - Thursday | \$305 per month |
| <input type="checkbox"/> 5 days: Monday - Friday | \$365 per month |

Preschool Four (4 years old by 8/1/20 and potty-trained)

| | |
|---|-----------------|
| <input type="checkbox"/> 3 days: Monday, Wednesday & Friday | \$250 per month |
| <input type="checkbox"/> 4 days: Monday - Thursday | \$305 per month |
| <input type="checkbox"/> 5 days: Monday - Friday | \$365 per month |

Lunch Bunch Enrichment (available to all students)

11:45 am – 1:30pm

What days would you like to enroll for Lunch Bunch?

\$10.00 per use & paid monthly

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays

**Review Lunch Bunch Payment
Log to determine monthly
tuition (see yellow packet)**

FOR OFFICE USE ONLY

Checks can be made payable to: **Good Shepherd Building Blocks**

All fees are **non-refundable**. One check can be written to cover all fees.

Registration Fee: \$90 per year
\$80 for each additional sibling

Snack Fee: \$35 per year for 2 or 3 Day Students
\$45 per year for 4 & 5 Day Students

Amount received: _____

Amount received: _____

Date received: _____

Date received: _____

Total Check Amount: _____

Cash Amount: _____

Check Number: _____

Received by: _____

Check Date: _____

Receipt Date: _____

Envelop Number: _____

Good Shepherd Lutheran Church Emergency Consent Form

Name: _____

Address: _____

This Emergency Consent Form will be used as authorization for treatment if a parent or guardian cannot be reached or cannot be with a child when urgent care is needed. All lines MUST be completed.

The undersigned, being the parent or legal guardian of _____ do hereby grant permission to obtain any and all urgent medical care and treatment for our child. This authorization includes admission to a hospital or medical care facility if, at the time of injury or illness in my absence, a physician determines such hospitalization is necessary. The undersigned hereby expressly agrees to pay all charges on behalf of our child.

Mother's Signature: _____ Date: _____

Mother's Place of Employment: _____

Mother's Business Phone: _____ Mother's Home Phone: _____

Mother's Cell Phone Number: _____

Father's Signature: _____ Date: _____

Father's Place of Employment: _____

Father's Business Phone: _____ Father's Home Phone: _____

Father's Cell Phone Number: _____

Medical Information – Please provide the following information so medical staff can treat your child, complete medical records, and initiate your insurance claims.

Child's Date of Birth: _____ Sex: _____

Allergies: _____

Special Medical Conditions: _____

(include other inoculations, medications, major illness, hospitalizations, etc.)

THE FOLLOWING INFORMATION IS NEEDED:

Name of Child's Physician: _____

Physician's Phone Number: _____

Insurance Company: _____

Emergency Contact Person: _____

Relationship to the Student: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

PHOTO AND BUZZ BOOK AGREEMENT FORM

I do do not allow Building Blocks Preschool to release directory information (name, phone, and email) concerning my child in the Preschool Buzz Book.

I do do not allow my child's photo to be printed and displayed (on bulletin boards within the Building Blocks Preschool and shared among other Building Block's families in my child's class.

I do do not allow my child's photo (not name) to be published through various digital platforms (end-of-year slideshow, website, and / or Building Blocks Brochure).



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

| | | | |
|--|--|-----------------------|---|
| FACILITY/PROVIDER NAME BUILDING BLOCKS PRESCHOOL | | ADMISSION DATE | DISCHARGE DATE |
| CHILD'S NAME | | GENDER | BIRTHDATE |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | |
| IDENTIFYING INFORMATION | | | |
| MOTHER'S/GUARDIAN'S NAME | | HOME TELEPHONE NUMBER | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/> | | CELL PHONE NUMBER | |
| E-MAIL ADDRESS | | | |
| EMPLOYER OR SCHOOL ATTEND | | WORK/SCHOOL SCHEDULE | |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE) | | WORK TELEPHONE NUMBER | |
| FATHER'S/GUARDIAN'S NAME | | HOME TELEPHONE NUMBER | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/> | | CELL PHONE NUMBER | |
| E-MAIL ADDRESS | | | |
| EMPLOYER OR SCHOOL ATTEND | | WORK/SCHOOL SCHEDULE | |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE) | | WORK TELEPHONE NUMBER | |
| EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED. | | | |
| NAME | | RELATIONSHIP TO CHILD | TELEPHONE NUMBERS (CELL, WORK, HOME) |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | |
| NAME | | RELATIONSHIP TO CHILD | TELEPHONE NUMBERS (CELL, WORK, HOME) |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | |
| AUTHORIZATION FOR EMERGENCY MEDICAL CARE | | | |
| I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE. | | | |
| IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE | | | |
| BUILDING BLOCKS PRESCHOOL | | | |
| DAY CARE PROVIDER | | | |
| TO CONTACT THE FOLLOWING: | | | |
| PHYSICIAN OR CLINIC | | | |
| NAME | | TELEPHONE NUMBER | |
| PREFERRED HOSPITAL | | | |
| NAME | | TELEPHONE NUMBER | |

| ACKNOWLEDGEMENTS | | |
|------------------|--|--------------------------|
| A | I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW. | PARENT/GUARDIAN INITIALS |
| B | WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE. | PARENT/GUARDIAN INITIALS |
| C | I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED. | PARENT/GUARDIAN INITIALS |
| D | I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD. | PARENT/GUARDIAN INITIALS |
| E | I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED. | PARENT/GUARDIAN INITIALS |

**HEALTH REPORT FOR SCHOOL-AGE CHILD
CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

- MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.
- MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

| | |
|---------------------------|------|
| PARENT/GUARDIAN SIGNATURE | DATE |
|---------------------------|------|

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

Can be printed and attached.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CLINIC IDENTIFICATION

IMMUNIZATION CONSENT AND HISTORY

| | | | | | | | | |
|---|--|------------|--|------|---|-----------|---|--|
| LAST NAME | | FIRST NAME | | MI | DATE OF BIRTH | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| STREET ADDRESS | | | | CITY | STATE | #ZIP CODE | PHONE | |
| RACE (select all that apply) <input type="checkbox"/> Amer Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American | | | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | | ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino | | PARENT/GUARDIAN FULL NAME | |

I have been given a copy and have read, or had explained to me, the information in the "Vaccine Information Statement(s)," where applicable, for the vaccine(s) indicated below. I have had a chance to ask questions and had them answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) currently due for which I have signed below be given to me or to the person named above for whom I am authorized pursuant to Section 431.058, RSMo to make this request.

| Vaccine and Route (circle type given where applicable) | Visit # and M/D/Y Given | Injection Site | Vaccine Manufacturer/ Lot Number | Vaccine Exp. Date | VIS Revision Date | Date VIS Given | Signature of Vaccinator | Patient or Parent/Guardian Consent |
|--|-------------------------|----------------|----------------------------------|-------------------|-------------------|----------------|-------------------------|---|
| Hepatitis B Hep B IM | | | | | | | | Visit # 1 Date Signature: Eligibility Status: <input type="checkbox"/> Medicaid <input type="checkbox"/> No health insurance <input type="checkbox"/> Amer Indian/Alaska Native <input type="checkbox"/> Underinsured (FQHC/RHC) <input type="checkbox"/> NOT VFC Eligible |
| Diphtheria, Tetanus, Pertussis DTaP DTP DT IM | | | | | | | | Visit # 2 Date Signature: Eligibility Status: <input type="checkbox"/> Medicaid <input type="checkbox"/> No health insurance <input type="checkbox"/> Amer Indian/Alaska Native <input type="checkbox"/> Underinsured (FQHC/RHC) <input type="checkbox"/> NOT VFC Eligible |
| Haemophilus influenzae type b Hib IM | | | | | | | | Visit # 3 Date Signature: Eligibility Status: <input type="checkbox"/> Medicaid <input type="checkbox"/> No health insurance <input type="checkbox"/> Amer Indian/Alaska Native <input type="checkbox"/> Underinsured (FQHC/RHC) <input type="checkbox"/> NOT VFC Eligible |
| Polio Polio SQ IM | | | | | | | | Eligibility Status: <input type="checkbox"/> Medicaid <input type="checkbox"/> No health insurance <input type="checkbox"/> Amer Indian/Alaska Native <input type="checkbox"/> Underinsured (FQHC/RHC) <input type="checkbox"/> NOT VFC Eligible |
| Pneumococcal conjugate PCV 7 IM PCV 13 IM | | | | | | | | Visit # 4 Date Signature: Eligibility Status: <input type="checkbox"/> Medicaid <input type="checkbox"/> No health insurance <input type="checkbox"/> Amer Indian/Alaska Native <input type="checkbox"/> Underinsured (FQHC/RHC) <input type="checkbox"/> NOT VFC Eligible |

Comments



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Lunch Bunch Enrichment Fact Sheet

Who: All Students enrolled in Building Blocks Preschool

Hours: 11:45 a.m. to 1:30 p.m. (With a drive-thru carpool pick-up line)

Cost: \$10.00 per use (see payment booklet below)

Benefits of Lunch Bunch Enrichment:

- a. **Classes become Multi-Age at 11:45 a.m.; a new group of friends come together!**
Preschool One and Two Classes combine
Preschool Three and Four Classes combine
- b. **Promotes Self-Help Skills** – managing lunch items and drinks, cleaning up after themselves
- c. **Promotes Social Skills and Table Manners**
- d. **Structured and Unstructured Guided Curriculum**

Lunch Bunch Enrichment Options and Payments

- a. **Options:** Choose what day(s) you would like your child to attend lunch bunch. Enroll your child in lunch bunch for a few days or as many days as you would like. Register each of your children for the year.
- b. **Payment Booklet:** Each family enrolled in lunch bunch uses the payment booklet below. Each day of the school year has been counted. Monthly tuition varies. Each monthly payment stub will contain the exact number of Mondays, Tuesdays, etc. that lunch bunch will be in session for that month. Simply complete the lunch bunch payment stub and turn it in with your tuition check. Only one check is necessary.

Please contact me with any additional questions,

Kathy Rebholz, M.Ed.

Good Shepherd Lutheran Church
Director of Building Blocks Preschool
327 Woods Mill Road
Manchester, MO 63011

636-391-6685 ext: 19

Fax: 636-391-8803

www.goodshepherdlutheran.com

krebholz@gslcelca.org

BUILDING BLOCKS LUNCH BUNCH 2020-2021 PAYMENT LOG

September 2020 Lunch Bunch Payment Family Name: _____

(Complete and add onto your monthly tuition. Checks payable to Good Shepherd Building Blocks.)

| Days of Week | # of Days per month x \$10 | Per Day / Per Month | # of Children enrolled | TOTAL |
|--------------|----------------------------|---------------------|------------------------|-----------------------|
| Monday | 3 x \$10 | \$ 30.00 | x _____ | \$ _____ |
| Tuesday | 4 x \$10 | \$ 40.00 | x _____ | \$ _____ |
| Wednesday | 4 x \$10 | \$ 40.00 | x _____ | \$ _____ |
| Thursday | 3 x \$10 | \$ 30.00 | x _____ | \$ _____ |
| Friday | 3 x \$10 | \$ 30.00 | x _____ | \$ _____ |
| | | | | \$ _____ |
| | | | | LB GRAND TOTAL |

October 2020 Lunch Bunch Payment Family Name: _____

(Complete and add onto your monthly tuition. Checks payable to Good Shepherd Building Blocks.)

| Days of Week | # of Days per month x \$10 | Per Day / Per Month | # of Children enrolled | TOTAL |
|--------------|----------------------------|---------------------|------------------------|-----------------------|
| Monday | 3 x \$10 | \$ 30.00 | x _____ | \$ _____ |
| Tuesday | 4 x \$10 | \$ 40.00 | x _____ | \$ _____ |
| Wednesday | 4 x \$10 | \$ 40.00 | x _____ | \$ _____ |
| Thursday | 5 x \$10 | \$ 50.00 | x _____ | \$ _____ |
| Friday | 4 x \$10 | \$ 40.00 | x _____ | \$ _____ |
| | | | | \$ _____ |
| | | | | LB GRAND TOTAL |

November 2020 Lunch Bunch Payment Family Name: _____

(Complete and add onto your monthly tuition. Checks payable to Good Shepherd Building Blocks.)

| Days of Week | # of Days per month x \$10 | Per Day / Per Month | # of Children enrolled | TOTAL |
|--------------|----------------------------|---------------------|------------------------|-----------------------|
| Monday | 5 x \$10 | \$ 50.00 | x _____ | \$ _____ |
| Tuesday | 3 x \$10 | \$ 30.00 | x _____ | \$ _____ |
| Wednesday | 3 x \$10 | \$ 30.00 | x _____ | \$ _____ |
| Thursday | 3 x \$10 | \$ 30.00 | x _____ | \$ _____ |
| Friday | 2 x \$10 | \$ 20.00 | x _____ | \$ _____ |
| | | | | \$ _____ |
| | | | | LB GRAND TOTAL |

December 2020 Lunch Bunch Payment

Family Name: _____

(Complete and add onto your monthly tuition. Checks payable to Good Shepherd Building Blocks.)

| Days of Week | # of Days per month x \$10 | Per Day / Per Month | # of Children enrolled | TOTAL |
|--------------|----------------------------|---------------------|------------------------|-----------------------|
| Monday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| Tuesday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| Wednesday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| Thursday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| Friday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| | | | | \$_____ |
| | | | | LB GRAND TOTAL |

January 2021 Lunch Bunch Payment

Family Name: _____

(Complete and add onto your monthly tuition. Checks payable to Good Shepherd Building Blocks.)

| Days of Week | # of Days per month x \$10 | Per Day / Per Month | # of Children enrolled | TOTAL |
|--------------|----------------------------|---------------------|------------------------|-----------------------|
| Monday | 2 x \$10 | \$ 20.00 | x _____ | \$_____ |
| Tuesday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |
| Wednesday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |
| Thursday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |
| Friday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| | | | | \$_____ |
| | | | | LB GRAND TOTAL |

February 2021 Lunch Bunch Payment

Family Name: _____

(Complete and add onto your monthly tuition. Checks payable to Good Shepherd Building Blocks.)

| Days of Week | # of Days per month x \$10 | Per Day / Per Month | # of Children enrolled | TOTAL |
|--------------|----------------------------|---------------------|------------------------|-----------------------|
| Monday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| Tuesday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| Wednesday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |
| Thursday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |
| Friday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| | | | | \$_____ |
| | | | | LB GRAND TOTAL |

March 2021 Lunch Bunch Payment

Family Name: _____

(Complete and add onto your monthly tuition. Checks payable to Good Shepherd Building Blocks.)

| Days of Week | # of Days per month x \$10 | Per Day / Per Month | # of Children enrolled | TOTAL |
|--------------|----------------------------|---------------------|------------------------|---------|
| Monday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |
| Tuesday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |
| Wednesday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |
| Thursday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| Friday | 2 x \$10 | \$ 20.00 | x _____ | \$_____ |

| |
|-----------------------|
| \$_____ |
| LB GRAND TOTAL |

April 2021 Lunch Bunch Payment

Family Name: _____

(Complete and add onto your monthly tuition. Checks payable to Good Shepherd Building Blocks.)

| Days of Week | # of Days per month x \$10 | Per Day / Per Month | # of Children enrolled | TOTAL |
|--------------|----------------------------|---------------------|------------------------|---------|
| Monday | 3 x \$10 | \$ 30.00 | x _____ | \$_____ |
| Tuesday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |
| Wednesday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |
| Thursday | 5 x \$10 | \$ 50.00 | x _____ | \$_____ |
| Friday | 4 x \$10 | \$ 40.00 | x _____ | \$_____ |

| |
|-----------------------|
| \$_____ |
| LB GRAND TOTAL |

May 2021 Lunch Bunch Payment

Family Name: _____

(Complete and add onto your monthly tuition. Checks payable to Good Shepherd Building Blocks.)

| Days of Week | # of Days per month x \$10 | Per Day / Per Month | # of Children enrolled | TOTAL |
|--------------|----------------------------|---------------------|------------------------|---------|
| Monday | 2 x \$10 | \$ 20.00 | x _____ | \$_____ |
| Tuesday | 2 x \$10 | \$ 20.00 | x _____ | \$_____ |
| Wednesday | 2 x \$10 | \$ 20.00 | x _____ | \$_____ |
| Thursday | 2 x \$10 | \$ 20.00 | x _____ | \$_____ |
| Friday | 2 x \$10 | \$ 20.00 | x _____ | \$_____ |

| |
|-----------------------|
| \$_____ |
| LB GRAND TOTAL |