Dear Parents,

LHUMC Summer Camp will begin on Monday, June 16, 2025, and end on Friday, July 25, 2025. This is a **6-week program, and the hours will be 8am-5pm daily.** We will be accepting current preschool students at LHUMC and school aged children K-5th grade. The total cost for the summer program is $1,505.00 for the first child and then $1,400 for each additional child (sibling discount). The total amount will be **due June 1, 2025**. Please note that we will be taking field trips this summer and that will be an additional cost. **We will not be accepting any new preschool students until Fall 2025.**

To register for the summer session, you must pay a **$50.00 non-refundable registration fee per child**. The deadline for registration is **Friday, February 21, 2025**. Please remember space is limited and will fill up quickly. If your child was not enrolled at LHUMC for the 2024-2025 school year, a packet of paperwork will need to be filled out by their health care provider and their parents prior to the first day of camp.

If you have any questions about registration, please send an email to preschool@lhumc.org

Sincerely,
Ali Phan
LHUMC Childcare & EL Director
Preschool@lhumc.org

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LHUMC Summer Camp

I wish to enroll my child _____ at LHUMC for Summer Camp. I will pay the full amount for the summer program by June 1, 2025.

 I realize the center is closed Friday, July 4th, 2025, for Independence Day. I understand that the program needs to maintain its budget; **therefore, if my child is not able to attend for any reason (i.e., illness, vacation, etc.) full tuition is nevertheless required.**

Parent signature: _____ Date: _____

This form must be returned by Friday ,February 21, 2025, with a $50.00 registration fee.

Please fill in and return the following information with the $50.00 non-refundable deposit. If mailing please return to: LHUMC Childcare, 200 School Lane, Linthicum, MD 21090.

Child's Name: _____

Mother's Name: _____

Father's Name: _____

Address: _____

City, State & Zip: _____

Phone numbers: _____

Child's Birth Date: _____

Grade: _____

Email Address: _____

Deposit Check #: _____

Make all checks payable to: LHUMC Childcare. On the memo line, please be sure to write your child's name and registration. Thank you!