



# 2026 Summer Panther Care



Registration will begin on February 9, 2026

## Summer Panther Care Facts:

### Who may attend:

- ★ Lutheran families and TLS students ages 3 to 12 years old (future 6th graders).
- ★ Children must be potty trained - no pull-ups or diapers.
- ★ Children must be able to participate in age-appropriate activities without one-to-one assistance.

### When:

- ★ Tuesday, May 26 - Friday, July 31 2026 (Not in session: July 3)

### Time:

- ★ 7:00 AM - 5:30 PM

### Where:

- ★ Trinity Lutheran School - 55 North Pacific Street, Cape Girardeau, MO

### Cost:

- ★ \$35 non-refundable enrollment fee. You must be paid to secure a spot.
- ★ Full-Time: Every day - \$25 per day. (Allowed 3 vacation days determined 2 weeks prior.)
- ★ Part-Time: 3 days a week - \$30 per day. (3 days must be determined before enrolling.)
- ★ ***Due to staffing requirements, if your child is absent on a day they are scheduled to attend, you will still be responsible for paying for that day.***
- ★ All fees for any given week must be paid on or before the first day of the week.
- ★ If payment is not received by 5:00 pm on the first day of the week, a late fee of \$20 for that week may be charged to your statement.
- ★ Late pickup (after 5:30 pm) costs \$15 every 10 minutes per child.
- ★ Checks payable to Trinity Lutheran School

### More Information:

- ★ Children should bring a sack lunch daily. (2 snacks will be provided each day)
- ★ Return completed forms to Trinity Lutheran School. 55 North Pacific Street, Cape Girardeau  
Email completed forms to [panthercare@t-lutheranschool.org](mailto:panthercare@t-lutheranschool.org)
- ★ For more information, call (573)334-1068 or email [panthercare@t-lutheranschool.org](mailto:panthercare@t-lutheranschool.org)



# 2026 Summer Panther Care



## ☀️ Parent Contract ☀️

Child's name: \_\_\_\_\_

Your child will be entering (circle one):

Pre-K   Kindergarten   1st Grade   2nd Grade   3rd Grade   4th Grade   5th Grade   6th Grade

- ★ \$35 non-refundable enrollment fee. Must be paid to secure a spot in Panther Care.
- ★ Full-Time: Every day - \$25 per day. (Allowed 3 vacation days determined 2 weeks prior.)
- ★ Part-Time: 3 days a week - \$30 per day. (3 days must be determined before enrolling.)
- ★ ***Due to staffing requirements, if your child is absent on a day they are scheduled to attend, you will still be responsible for paying for that day.***
- ★ All fees for any given week must be paid on or before the first day of the week.
- ★ If payment is not received by 5:00 pm on the first day of the week, a late fee of \$20 for that week may be charged to your statement.
- ★ Late pickup (after 5:30 pm) costs \$15 every 10 minutes per child.
- ★ No refunds will be submitted, including enrollment fees.
- ★ Special Activities may require additional cost.
- ★ Cancellation Policy:
  - If, for any reason, you decide to end Panther Care, a fully paid two-week notice will be required.
  - We do reserve the right to refuse care if the situation warrants in the best interest of the child or children attending Panther Care.

I have read and understand all policies stated above.

☀️ Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Check Appropriate Blank:

\_\_\_\_\_ Full Time: 5 days a week - \$25 per day (3 vacation days allowed-provided 2 weeks prior)

\_\_\_\_\_ Part-Time: 3 days a week - \$30 per day (no vacation days allowed)

Circle the days of the week that your child will be attending Panther Care.

Monday

Tuesday

Wednesday

Thursday

Friday



# 2026 Panther Care



## ➤ Enrollment Form

**Child's name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Your child will be entering (circle one):**

**Pre-K Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade**

**Name of School child will attend in the fall:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mother's Cell #:** \_\_\_\_\_ **Father's Cell #:** \_\_\_\_\_

**Mother's Work #:** \_\_\_\_\_ **Father's Work #:** \_\_\_\_\_

**Mother's Email:** \_\_\_\_\_ **Father's Email:** \_\_\_\_\_

### **EMERGENCY CONTACTS & INDIVIDUALS AUTHORIZED TO PICK UP:**

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

# Medical, Liability, Field Trip, and Media Release Information

(Confidential Information and will not be disclosed)

Allergies (food/medication): \_\_\_\_\_

Medications (Daily or as needed): \_\_\_\_\_

Health Concerns (Dietary or Medical): \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

## Authorization and Consent to Medical Treatment

Understanding that my child may need emergency treatment while they attend Trinity Lutheran School, I hereby authorize the school through the Principal or other qualified personnel (Principal & other Trinity Lutheran staff members), to administer such first aid or other minor medical treatment as shall be deemed Best under the circumstances, and I consent for my child to receive such treatment. I understand that Trinity Lutheran School will attempt to notify me in an emergency requiring immediate medical care for my child.

Trinity Lutheran School cannot notify me; it will have my child treated by a duly qualified physician at the nearest hospital or emergency center. Any medical information provided to the Panther Care Program may be shared with emergency medical personnel. This authorization applies to all Panther Care Program-sponsored programs.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes, in writing, as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician and health status, and immunization records. I agree to notify the Panther Care Program Director if my child is exposed to any communicable disease.

I understand that before medication is administered to my child. I will provide written authorization, which includes specific instructions requiring accurately administering the medication. Medication MUST be in the original container with my child's name and dosing instructions on it and brought to the Panther Care Program Director by the parent or legal guardian.

\_\_\_\_\_

Child's Primary Care Doctor

Address

Telephone

**Liability Release:** I permit my child to participate in all activities of the Panther Care Program. I agree to hold harmless Trinity Lutheran School & Church. The Trinity Lutheran Church-Cape Girardeau, its officers, directors, agents, or representatives associated with this function concerning any and all actions, claims, or demands that may be brought against the school and/or church. This particularly refers to but is not limited to accidents, injuries, and loss of articles.

**Field Trip Release:** The Panther Care Program is looking into a field trip sometime during the summer. The place, date, and time will be provided to you no later than a week before the field trip. By checking the box, you permit your child to go on a field trip and be transported by you, a Panther Care Program employee, or a TLS staff member. **Please check if you will allow your student to go on field trips and have their transportation provided.** \_\_\_\_\_

**Photo Release:** Pictures/videos may be taken during the Panther Care Program to promote our ministry with others. These pictures are often posted on the website, Facebook page, or newsletters. Names of the children will NOT be published. I should understand that due to the nature of electronic communication platforms, confidentiality and protection from unauthorized dissemination cannot be guaranteed. If you **DO NOT** want your child to be photographed, call office (573)334-1068.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_