

We believe each child is  
unique and special!

### **Tigers' Den Offers:**

- Safe Environment
- Christian Values
- Learning Centers
- Music & Movement
- Creative Art
- Gym & Outdoor Play
- Family Involvement
- Hands-on Activities



**Other Information:  
Registration begins  
May 1<sup>st</sup> for St. John  
families & on May 15<sup>th</sup>  
for non-St. John  
families**

### **Tigers' Den Mission**

"The mission of St. John Lutheran School & Tigers' Den is to follow Christ's example and, empowered by the Holy Spirit, prepare children for a life of discipleship by helping them to grow in faith, knowledge and character."

### **Hours of Operation**

Monday-Friday  
6:30am - 5:30pm  
August 22 - May 24  
2023-2024



The Tigers' Den  
655 Wayne Ave  
Defiance, OH 43512  
Phone: 419-782-1751  
Fax: 419-782-0954  
Website: [www.stjohntigers.com](http://www.stjohntigers.com)  
Email: [tigers.den@stjohntigers.com](mailto:tigers.den@stjohntigers.com)



**The Tigers' Den  
Summer Camp  
2024**

**A GRRRREAT PLACE  
TO GROW!**

## Open to the Public!

The goal of Tigers' Den is to provide a safe and happy place for children. Communication between parent and childcare provider is very important. Children will be taught to respect each other, adults and property. Most importantly, the children will learn about Jesus!



**All children are accepted from ages 3 through grade 6!**



**Current Rates**  
**20 hours or less**  
**\$150/Week per child**  
**20+ hours**  
**\$175/Week per child**

## Late Fee

A late pick-up fee of \$1.00 per minute will be applied for pick-ups after 5:30pm with a minimum of \$10.00. A \$10.00 late will be charged if payment is 30 days late.

## Registration Fee

**\$50 – St. John Family**  
**\$100 Non-St. John Family**  
A non – refundable registration fee is charged. SJL families must be registered for 2024-25 school year to be considered a St. John family.

## Registration Form

<u>Child's Name</u>	<u>Birthdate</u>
_____	_____
_____	_____
_____	_____

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

\_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Hours Needed: (choose one)

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature REQUIRED

\_\_\_\_\_  
For Office Use Only:

\_\_\_\_\_ Received Date

\_\_\_\_\_ Fee Received