

2019

MDO

Summer Camp Program



Please indicate which session your child will attend

June 10-28 _____ **Full Care** _____

July 8-26 _____ **Calendar** _____

Both Sessions _____

Non-Refundable Registration Fee \$50 and LAST month of tuition will secure your place

Child's Name _____ Name Called _____ Boy ___ Girl ___

Home Address _____ City _____ Zip _____

Father's Name _____ Home# _____ Cell# _____

Mother's Name _____ Home# _____ Cell# _____

Email Address _____

Child's Age _____ Date of Birth Month ___ Day ___ Year _____

Days	Please indicate days	Monthly Tuition Per Month	Supply Fee Per Month
5 Days		245	30
4 Days	Mon Tues Wed Thurs Fri	220	30
3 Days	Mon Tues Wed Thurs Fri	205	30
2 Days	Mon Tues Wed Thurs Fri	195	30

Office use only:

Amount _____

Date _____

**1815 Patton Chapel Road Hoover, Al 35226
205-822-6239**