



2020 MDO Summer Camp Program

Please indicate which session your child will attend

Both Sessions _____ **June 8-26** _____ **July 6-24** _____

Choose an option for extended care

None needed _____ **Calendar** _____ **Full Care (5-Day)** _____

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 _____

Tuition is due upon registration for one session

Non-Refundable –Non Transferable

Additional session fee is due May 1st

Days	Please indicate days	Monthly Tuition Per Month	Total with Full Care Per Month (5-day only)
5 Days		325	595
4 Days	Mon Tues Wed Thurs Fri	300	
3 Days	Mon Tues Wed Thurs Fri	285	
2 Days	Mon Tues Wed Thurs Fri	275	

Office use only:

Amount _____

Date _____

1815 Patton Chapel Road Hoover, Al 35226

205-822-6239