

2021

Summer Camp Program MDO



Please indicate which session your child will attend:

Both Sessions _____ June 7 – 25 _____ July 5 – 23 _____

Choose an option for extended care:

None needed _____ Calendar _____ Full care (must attend 5 days) _____

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 _____

Registration: First month tuition is due for registration

Non-refundable and Non-Transferable

Days	Please indicate days	Tuition Per Month (including supply fee)	Total with Full Care Per Month (5 day only)
5 Days		330	610
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