

Leesville Baptist MMO Registration Form Summer 2017 and SY 17/18



Child's name: _____ Date of Birth: _____ Age: _____

Parents/guardian name: _____

Phone number/email: _____

Check desired program(s):

____ 5 Week Summer Program: Monday, July 10th - August 10th (Monday – Thursday)

Summer Days Requested (circle): Monday Tuesday Wednesday Thursday

____ School Year 2016/17 Program: Tuesday, September 5th - May 18th (Monday – Friday)

SY Days Requested (circle): Monday Tuesday Wednesday Thursday Friday

Comments: (Provide any alternate days if you have any, specify summer or SY)

Fees:

____ Summer Registration: \$65
Summer Tuition: 1 day - \$105, 2 days - \$210, 3 days - \$315 (Due first week of school)

____ **School Year (SY) 17/18 Registration: \$100***
SY Monthly tuition: calculated at \$21 per day MMO is scheduled to be open that month
Note: Illness/vacations not factored. (Tuition is due by 10th of every month.)

** Registration fee is due at time of registration. Children will not be placed in classes or on the waiting list until the nonrefundable registration fee is submitted. Registration fee will be returned only if a slot is not available on the requested day. All MMO policies and information are posted on leesvillebaptist.com*

Please initial as appropriate: *See the MMO Director with any concerns.

___ I agree that Leesville MMO may authorize the physician of their choice to provide emergency care in the event that neither I, nor the family physician, can be contacted immediately.

___ I agree to the policies and procedures of Leesville MMO outlined in the current Parent Handbook.

___ I authorize MMO to display my child's picture on MMO related bulletin boards at the church.*

___ I authorize MMO to display my child's picture on the private Leesville MMO Facebook page.*

___ I authorize MMO to release the following information printed above on a student directory for current MMO parents:
Child's Name, Parents' Name, Email and Phone Number.

Comments:

Parent/Guardian Signature: _____ Date: _____

Office use only: Date received _____ Type of payment: _____ Total Payment: _____