

2018 Summer Registration Form

Child's Name _____

Birthday _____

Phone _____

Paid at Registration \$ _____ (Cash or Check No. _____)

Balance Due on May 1st \$ _____

- I would like to enroll my child in the Cornerstone MDO 2018 Summer Program.
- I understand the total cost for the summer program is \$600 which includes a \$100 non-refundable deposit due at registration with the remaining \$500 balance due before May 1st. No refunds will be issued after May 15th.
- I understand the summer program will be 3 days per week, Tuesdays, Wednesdays and Thursdays, from **June 5th thru June 21st** and **July 10th - July 26th**.
- I understand the hours for the summer will be 9:00am-2:00pm with **no extended day**.

Signature – Parent or Legal Guardian

Date