

2017 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 2016 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 4 days per week, Mondays-Thursdays, from ***June 13th thru June 23th*** and ***July 11th - July 28th***. I would like to enroll my child for the following days each week:
- Mondays thru Thursdays
- Mondays and Wednesdays only
- Tuesdays and Thursdays only
- I understand the hours for the summer will be 9:00am-2:00pm with ***no extended day***.

Signature – Parent or Legal Guardian

Date