## Leesville Baptist MMO Registration Form Summer 2020 and SY 20/21



Child's name:	Date of Birth:	Age:
Parents/guardian name:		
Phone number/email:		
Check desired program(s)):		
2 Week Summer Program: Monday, .	June 1 – Thursday, June 1 <sup>-</sup>	(Monday – Thursday)
Summer Days Requested (circle): N	Monday Tuesday Wed	nesday Thursday
5 Week Summer Program: Monday, .	July 13 – Thursday, Augus	t 13 (Monday – Thursday)
Summer Days Requested (circle): N	Monday Tuesday Wed	nesday Thursday
School Year 2020-2021 Program: Tue	esday, September 8- Friday	, May 21 (Monday – Friday)
SY Days Requested (circle): Monday	y Tuesday Wednesday	Thursday Friday
I am flexible with the days my child attends as	long as my child attends	_ days a week.
My child can only attend on the days that I circle	ed.	
Fees:  2 Week Summer Registration: \$40° Summer Tuition: 1 day- \$46, 2 days		rst week of school)
<b>5 Week Summer Registration: \$75</b> Summer Tuition: 1 day - \$115, 2 da		ue first week of school)
School Year (SY) 20/21Registration SY Monthly tuition: calculated at \$ vacation, inclement weather or illne	23 per day that child is sche	duled to attend. Time is not credited for of every month.)
* Registration fee is due at time of registration. Childr nonrefundable registration fee is submitted. Registrat requested day. All MMO policies and information are	ion fee will be returned only	if a slot is not available on the
Please initial:		
I agree that Leesville MMO may authorize the phyneither I, nor the family physician, can be contacted in		vide emergency care in the event that
I agree to the policies and procedures of Leesville	e MMO outlined in the currer	it Parent Handbook.
Parent/Guardian Sign	ature:	Date:
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Office use only: Date received Type of	payment: Total	Payment: