

Leesville Baptist MMO Registration Form Summer 2019 and SY 19/20



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

Parents/guardian name: _____

Phone number/email: _____

Check desired program(s):

_____ **2 Week Summer Program: Monday, June 3 – Thursday, June 13 (Monday – Thursday)**

Summer Days Requested (circle): Monday Tuesday Wednesday Thursday

_____ **5 Week Summer Program: Monday, July 15 – Thursday, August 15 (Monday – Thursday)**

Summer Days Requested (circle): Monday Tuesday Wednesday Thursday

_____ **School Year 2019-2020 Program: Tuesday, September 3rd – Friday, May 15th (Monday – Friday)**

SY Days Requested (circle): Monday 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 circled.*

Fees:

_____ **2 Week Summer Registration: \$35**

Summer Tuition: 1 day - \$44, 2 days - \$88, 3 days - \$132 (Due first week of school)

_____ **5 Week Summer Registration: \$70**

Summer Tuition: 1 day - \$110, 2 days - \$220, 3 days - \$330 (Due first week of school)

_____ **School Year (SY) 19/20 Registration: \$100***

SY Monthly tuition: calculated at \$22 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:

____ 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.

Parent/Guardian Signature: _____ Date: _____

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