



# Registration Contract

2019 - 2020

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male / Female (Please circle)

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Days child will attend (check one):

- Tuesday, Thursday                       Monday, Wednesday, Friday  
 Monday through Friday

Program child will attend (check one):

- Academic Program (9am to 2pm)  
 Extended Care and Academic Program (8am to 5:30pm)

- I have been informed of the 2018-2019 tuition and fees for MCLC.
- I understand that the \$125 registration fee is non-refundable.

Parent's Signature \_\_\_\_\_

Date received in office \_\_\_\_\_

Payment type: Credit Card / Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(Please circle)

New Student / Returning Student (Please circle)

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*Office use only*

*Age group* \_\_\_\_\_ *Teacher* \_\_\_\_\_