



Registration Contract

2020 - 2021

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 2020-2021 tuition and fees for MCLC.
- I understand that the \$125 registration fee is non-refundable & non-transferable.

Parent's Signature _____

Date received in office _____

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

New Student / Returning Student (Please circle)

Office use only

Age group _____ *Teacher* _____