

**Mother's Day Out**  
 St. Alban's Episcopal Church  
 3625 Chapel Road  
 Newtown Square, Pa. 19073  
 610-356-1722

**2020 Summer Registration Form**

(Please use a separate form for each child)

<u>Days/Hours</u>	<u>Tuition</u>	<u>Check Day(s) Attending</u>	
		6/1 - 6/25	7/6 - 7/30
Monday 9am-noon	\$115 / month	_____	_____
Tuesday 9am- noon		_____	_____
9am-2pm	\$115 / month	_____	_____
Wednesday 9am-noon		_____	_____
9am-2pm	\$140 / month	_____	_____
Thursday 9am-noon	\$115 / month	_____	_____
9am-2pm	\$140 / month	_____	_____
	\$115 / month	_____	_____
	\$140 / month	_____	_____

Sessions are June 1 - June 25 and July 6 - July 30. There is a non-refundable \$25 deposit fee per session. Deposits will be deducted from final tuition payment due May 25th. Please make checks payable to **Mother's Day Out**.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s)  
 Name(s): \_\_\_\_\_

Home  
 Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Cell#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone  
 #: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone

#: \_\_\_\_\_

Insurer Provider: \_\_\_\_\_ Policy

#: \_\_\_\_\_

Any Allergies (please specify): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In case of emergency, the above signature permits the director, or lead teacher, to transport student for purposes of providing medical treatment, and for medical treatment to be provided. Please initial: \_\_\_\_\_