

Grandma's House Day Care Centers, Inc.
Summer Program 2010

Child's Name: _____ Birthday: _____

*Please complete one form for each child.

In order for us to start making plans for our Summer Program, we would like to get a count of the number of children that will be attending. Please check those that apply.

_____ My child will be attending this summer and his/her schedule will remain the same.

_____ My child will be attending this summer and will be attending the following hours effective _____ (date) until _____ (date).

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

_____ My child will not be attending this summer and I understand that I must pay a \$50.00 per child holding fee by May 14, 2010 if my child will be returning in the Fall.

_____ Last Day of attendance

_____ Return Date for the Fall Program

_____ My child will not be returning for Fall Program 2010.
His/her last day will be _____.

Parent Signature: _____ Date: _____

Please return the completed form to the Center Office by
Monday, March 15, 2010.

*Summer Calendars will be available the end of May.

Space in our Summer Program is limited. Please respond early to reserve a spot!

Office Use Only: Check #/Cash _____ Date: _____