

Door of Hope Freedom Center - Summer Contract - 2023 (May 30th -Aug.23rd)

Child's Name		Allergies	Age	Birthdate	Sex () M () F
Father's Name / Social Security #		Home Address			Home Phone
Place of Employment	Work Hours	Business Address		Business Phone	
Mother's Name / Social Security #		Home Address			Home Phone
Place of Employment	Work Hours	Business Address		Business Phone	
Person or Persons authorized to pick up Child (Name, Address, Phone #, and Relationship to Child)					
Person or Persons to contact in emergency should both parents be unavailable (Name, Phone #, and Relationship to Child)					

How did you find out about Door of Hope Freedom Center? _____

Beginning Date _____

1. Mark Days M T W TH F

2. Daily Hours _____ to _____ Please make sure daily hours are accurate.

Weekly Payment Contract

Summer Registration Fee	\$100
Weekly Tuition	\$150

Tuition is due in full the first Business day of each month. You are required to pay one month in advance.

Parents or Legal Guardian Signature & Date

Parents or Legal Guardian Signature & Date

Teacher or Director Signature and Date