Door of Hope Freedom Center - Summer Contract - 2024 (May 28th -Aug.20th)

Child's Name		Allergies		Age Birthdate			Sex ()M()F	
Father's Name / Social Security	#			ļ		Home Pho	ne	
Place of Employment Work Ho		rs	Business Ad	ess Address		Business Phone		
Mother's Name / Social Security	#	Home Address				Home Phone		
Place of Employment			Business Ad	ddress		Business F	Phone	
Person or Persons authorized to	pick up Child (N	Name, Addre	ss, Phone #, a	nd Relati	onship to Child))		
Person or Persons to contact in How did you find out abou Beginning Date 1. Mark Days M T		e Freedon		able (Nar	ne, Phone #, ar	nd Relations	hip to Child)	
2. Daily Hours		_ to		Please make sure daily hours are accurate.			ours are	
Weekly Payment Contract Summer Registration Fee Weekly Tuition Tuition is due in full the first E		each mont	\$100 \$150 h. You are re	quired to	pay one mon	th in advan	ce.	
Parents or Legal Guardian Si	Parents or Legal Guardian Signature & Date							
Teacher or Director Signature	e and Date		_					