

Grandma's House Day Care Centers, Inc.
Summer Program 2017

Child's Name: _____ Birthday: _____
Child's Name: _____ Birthday: _____
Child's Name: _____ Birthday: _____
Child's Name: _____ Birthday: _____

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(ren) will be attending this summer and his/her schedule will remain the same.

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

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

_____ My child(ren) will not be attending this summer and I understand that I must pay a \$50.00 per child holding fee by Friday, May 19, 2017 if my child will be returning in the Fall.

_____ Last Day of attendance
_____ Return Date for the Fall Program

_____ My child(ren) will not be attending this summer and will not return for the Fall Program 2017. His/her last day will be _____.

Parent Signature: _____ Date: _____

Please return the completed form to the Center Office by
Friday, March 24, 2017.

*Summer Calendars will be available at the end of May.

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

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