

Mount Prospect Child Care Center, Inc

"Wee care" when you're not there!



REGISTRATION FORM FOR SUMMER EXPLORERS 2012 AND CONSENT FORM FOR SPECIAL ACTIVITIES PARTICIPATION

406 – 408 E. Northwest Hwy.
Mt. Prospect, IL 60056

Phone: 847.253.5877

Fax: 847.253.9504

info@mpccc.net

Child's Name: _____ Child's Age _____

I give consent for my child to participate in Summer Explorers 2012 Special Activities Program:

Parent's Signature _____ Date _____

Number of days in week attending Summer Camp: (Circle) 2 3 4 5

Indicate days of week attending Summer Camp: (Circle) M T W Th F

Will child attend Swim Fun at Big Surf Pool at Lion's Park? (Circle) Yes No

Expected absences due to vacation and/or additional comments: _____

_____ Will not be enrolled after June 11

_____ Will not be enrolled after June 11, but will be back in September

_____ Will continue current enrollment with NO CHANGES for Summer or Fall

_____ Would like change in days for Summer- Name days: _____

_____ Would like change in days for Fall- Name days: _____

FALL REGISTRATION: DUE Wednesday, August 1 for all returning students

E-mail(s) _____