





Robert Raffle Executive Director

Online Registration Form

Mother/Guardian Name:	Phone:		Work	:
Address:				
Father/Guardian				•
Name:	Phone:	Work:		
Address:	City:	Sta	te:	_ Zip
Childs Name:	Date of Birth:			
Please indicates if you are a: Employee Are you an employee of Masonic? Departme Are you a Mason? Lodge name/ #:	nt Name:			•
Employees of Masonic Care Cor Full time enrollment v	nmunity will will get prior	get prior	ity en nent.	rollment.
Please Circle Program	F	lease Circl	e Sche	duled Days
Infant Program (6 weeks-12 months) Waddler Program (12 mo24mo.) Road Runner Program (24 mo36 mo.) Senior Tikes Program (Transitional Room) Junior Einstein's Program (3, 4, & 5 year olds) Senior Einstein's Program (3, 4, & 5 year olds) MCC Summer Program (5 - 12 years olds) (Child must have completed Kindergarten) Time Drop Off Parents are required to adhere to their registered schedules	М Т Pick Up	Ionday—Frida Ionday, Wedi Juesday, Thui	nesday, rsday (P	PT)
A registered time of over 9 hor		\$2.00 per day 16	e. 	
Are you eligible for Child Care Subsidy? Yes / No	<u>y Assistance</u>			
If yes, Case Worker Name:	County:			
Parent Pay I agree to the above enrollment and payment play on the first day that my child attends. I underst Signature	ment Agreeme an, and further ag and that I must p	ree to pay m ay for all day Date	ny child d vs that m	care fees weekly ny child is absent
For Masonic Care				
I hereby authorize the Masonic Care Community on a bi-weekly basis.				
Signature	Badg	e #	Dat	te
Department	Ext	Supervisor		
Registration Fee: \$30.00 p	er child (non-ref	fundable)		