



## MDO 2009 SUMMER REGISTRATION FORM

Student's Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_  
Application Date \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Allergies or health concerns \_\_\_\_\_

Session I: (June 1 - 26):  
1st choice day(s) preference \_\_\_\_\_  
2nd choice day(s) preference \_\_\_\_\_

Session II: (July 6 - 31):  
1st choice day(s) preference \_\_\_\_\_  
2nd choice day(s) preference \_\_\_\_\_

Please check all that apply to your enrollment status:

- Current enrollee
- Sibling of child who attends/attended MDO
- Peachtree Baptist Church member
- New Family Registration

Please submit Registration Form and Payment (\$100 for 1 session/\$186 for 2) to:  
**MDO, P.O. Box 8986, Atlanta, GA 31106**