

Mount Oak Christian School Umbrella

14110 Mount Oak Road, Mitchellville, MD 20721

Make \$130 check payable to: Mt Oak Christian School & mail to above address by June 30th

Renewal Enrollment Form **Date:** _____

Family Name: _____ Home #: _____ Cell #: _____

Email: _____

Father: _____ Mother: _____

Address: _____

City: _____ State: _____ Zip: _____

Name _____	D.O.B. _____	Upcoming Grade _____
Name _____	D.O.B. _____	Upcoming Grade _____
Name _____	D.O.B. _____	Upcoming Grade _____
Name _____	D.O.B. _____	Upcoming Grade _____
Name _____	D.O.B. _____	Upcoming Grade _____
Name _____	D.O.B. _____	Upcoming Grade _____

Parent's Commitment: (Read and sign below)

I have been given a copy of and will abide by the policies of the Mount Oak Christian School Umbrella. I will complete the spring evaluation meeting with my Supervisor by June 30 each school year. I will keep current and accurate records of my child's progress.
I agree to pay the annual tuition promptly each year.

Father's Signature _____ Mother's Signature _____

We will not be using the MO Umbrella next year, and we would like to withdraw in good standing. (At least one parent Please sign and date)

Sign: _____ Date: _____